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COUNTY COUNCIL OF SALOP.

ANNUAL REPORT

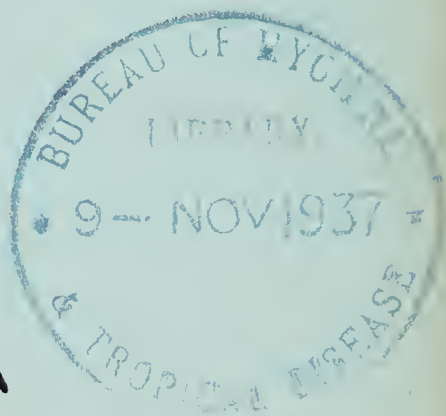
OF THE

County Medical Officer of Health.

1936.

WILLIAM TAYLOR, M.D., D.P.H.

SHREWSBURY,
September, 1937.





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*To the Chairman and Members of the Public Health and Housing Committee
of the Salop County Council.*



MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour to present the Annual Report for 1936, which to a great extent follows the lines of previous Reports.

Efforts which have been made to improve and extend existing Health Services have contributed to the work of the year, but it is probable that the most outstanding feature has been the consideration given to the formulation of schemes for future developments.

Reference here may be made to the fact that an infant mortality rate of 46 per thousand live-births has been maintained for two years in succession. The word "maintained" is used advisedly, as this is the lowest figure which has been reached in this County, and is 13 less than that for England and Wales.

I am,

Your obedient Servant,

WILLIAM TAYLOR.

COUNTY HEALTH OFFICES,
COLLEGE HILL,
SHREWSBURY.

September, 1937.

THE PUBLIC HEALTH AND HOUSING COMMITTEE.

Chairman :

MR. T. O. STEVENTON (*Alderman*).

Vice-Chairman :

MR. ENOCH LATHAM (*Alderman*).

MR. T. WARD GREEN, J.P. (*Alderman*),
Chairman of Council (*ex-officio*).

CAPT. SIR OFFLEY WAKEMAN, Baronet, J.P.,
Vice-Chairman of Council (*ex-officio*).

MR. E. ATTWOOD.

MR. G. BAKER.

MR. WILLIAM BISHOP (*Alderman*).

CAPT. R. A. BLACK.

MR. J. G. B. BOROUGH.

MAJOR L. E. BURY.

MR. THOMAS CAMBIDGE (*Alderman*).

REV. J. E. G. CARTLIDGE.

MAJOR C. U. CORBETT, D.S.O.

LT.-COL. R. C. DONALDSON-HUDSON, D.S.O.

MR. W. G. DYAS.

MR. F. G. EDWARDS.

MR. C. ST. CLAIR FOWLES.

MR. W. H. GITTINS.

MAJOR A. HEYWOOD-LONSDALE.

COL. G. HOLLIES (*Alderman*).

DR. J. A. IRELAND.

MR. T. JONES.

MR. TOM MORRIS (*Alderman*).

MR. GEORGE S. PATCHETT (*Alderman*).

MR. T. G. RÔBIN.

MRS. M. J. ROTTON.

MR. C. P. SLATER.

MR. J. E. THOMAS.

MR. J. TUDOR.

MR. W. D. VAN HOMRIGH.

MAJOR-GENERAL H. D. O. WARD, C.B., C.M.G.

MAJOR J. WHITAKER.

Co-opted Members for Child Welfare and Tuberculosis Scheme.

MRS. H. C. CHOLMONDELEY.

MRS. R. C. DONALDSON-HUDSON.

MRS. E. B. FIELDEN.

MRS. BUSS.

MR. FRANK WESTON.

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STAFF.**County Medical Officer of Health and School Medical Officer.**

WILLIAM TAYLOR, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer.

B. A. ASTLEY-WESTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Tuberculosis Medical Officers.

A. C. WATKIN, M.R.C.S., L.R.C.P., D.P.H.

T. R. ELLIOTT, L.R.C.P.I., L.R.C.S.I.

Assistant School and Child Welfare Medical Officers.

KATHLEEN PRIESTLEY, L.S.A.

MABEL BLAKE, M.B., Ch.B.

§L. WILSON EVANS, M.C., M.B., B.S., D.P.H.

ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H.

WILLIAM AINSLIE, L.R.C.S., L.R.C.P., D.P.H.

Dental Surgeons.

STEPHAN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training.

MRS. K. W. DAVEY, Diploma of the Chelsea College of Physical Education.

Inspector of Midwives and County Health Lecturer.

MISS MONICA DEMANT, R.F.N., S.R.N., S.C.M., Health Visitors Certificate.

Assistant Inspector of Midwives (part-time).

MISS G. C. COLLINS, Health Visitors Certificate and Certificate of C.M.B. (resigned 31st May, 1937).

County Analyst.

HAROLD LOWE, M.Sc., F.I.C.

County Sanitary Inspector.

HAROLD MALLINSON, Cert. R.S.I.

Health Visitors and School Nurses.

*†MISS C. M. BINDLOSS.

*†MISS J. A. BRODERSEN.

*MISS B. CONNELLY.

*†MISS M. DORRICOTT.

*†MISS E. L. GRIFFITHS.

MISS E. M. GRIFFITHS.

†MISS M. M. HALL.

†MRS. M. M. LOWRANCE.

*MISS E. Q. MASON.

*MISS G. M. MORGAN.

*†MISS A. K. O'CONNELL.

†MISS G. L. THOMAS.

*MISS E. DAVIES.

*MISS M. PARRY.

Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926.

FRANK H. EDWARDS, F.R.C.S., M.B., Ch.B., M.R.C.S., L.R.C.P.

Venereal Diseases Medical Officer (part-time).

COL. J. GRECH, D.S.O., M.R.C.S., L.R.C.P.

Sister-in-Charge V.D. Clinic.

MRS. D. A. MURRAY, S.R.N., R.F.N.

Prees Heath Sanatorium.MISS M. A. TREBLE, *Matron*.**County Home for Ailing Babies.**MISS M. L. CROWE, *Matron*.**County Council Hospital.**

J. F. KING, Clerk-Steward.

MISS J. P. COCHRAN, S.R.N. and C.M.B. Certificate, *Matron*.SAMUEL BURKE, M.R.C.S., L.R.C.P., *Resident Medical Officer*.**Clerical Staff.**W. H. JONES, Chief Clerk, Vaccination Officer (4 Districts) and Petitioning Officer under M.D. Acts.
Fourteen Assistant Clerks.§ *Also Medical Officer of Health for the Urban and Rural Districts of Oswestry.* * *Holds C.M.B. Certificate.*† *Holds Health Visitors Certificate.*‡ *Holds Certificate of London Obstetrical Society.*

District Medical Officers of Health.

Name.	Address.	District or Districts.				
		Urban.		Rural.		
		Name.	Acreage.	Population (1931 Census)	Name.	Acreage. Population (1931 Census)
J. DALLEWY, M.R.C.S., L.R.C.P. . .	Wem.	Wem.	903	2,255	Wem.	60,343 10,273
L. E. DICKSON, M.D., M.R.C.S., L.R.C.P.	Bridgnorth.	Bridgnorth.	2,645	5,295	Bridgnorth.	100,897 12,616
L. WILSON EVANS, M.C., M.B., B.S., D.P.H.	Oswestry.	Oswestry.	2,173	9,961	Oswestry.	61,524 16,569
M. GEPP, L.R.C.P., L.R.C.S., D.P.H. . .	Shrewsbury.	Bishop's Castle.	1,867	1,352	Atcham.	134,490 19,576
		Church	6,198	2,398		
		Stretton.	22,657	14,149	Clun.	132,512 10,673
		Whitchurch	6,053	6,174		
*W. M. CASPER, M.R.C.S., L.R.C.P. . .	Ove ton.	Ellesmere.	1,220	1,872		
*C. D. ROGERS, M.B., CH.B. . .	Ellesmere.				Ellesmere.	48,253 6,684
A. MACQUEEN, M.D. . .	Market Drayton.	Market Drayton.	1,216	4,749	Drayton.	54,058 7,888
A. D. SYMONS, M.D., D.P.H. . .	Shrewsbury.	Shrewsbury	8,118	36,732		
A. M. STEWART, M.B., L.R.C.P., D.P.H., Barrister-at-Law (succeeded Dr. White on 1/1/37)	Wellington.	Dawley.	3,259	7,669		
		Newport.	768	3,437		
		Oakengates Wellington.	2,396 2,281	11,249 8,550	Shifnal. Wellington.	39,562 7,583 54,516 16,118
A. E. WHITE, M.B., C.M., L.R.C.P., L.R.C.S., D.P.H.	Ludlow.	Ludlow.	1,068	5,823	Ludlow.	112,823 14,511

* Temporary appointments.

Poor Law Medical Out-Relief.

Name of Area.	County Districts. comprised in Area.	Acreage.	Population (1931 Census).	No. of Relief Districts.	No. of Relieving Officers.	District Medical Officers.
Bridgnorth	Bridgnorth U. & R...	103,542	17,911	2	2	Dr. C. A. Hodges, Dr. L. E. Dickson, Dr. G. R. Kennedy, Dr. R. G. Adden- brooke, Dr. E. W. Wilkins, Dr. F. W. Hudson-Bigley.
Clun..	{ Bishop's Castle U. .. Chun R. ..	{ 134,379	12,025	2	2	Dr. D. M. Hunter, Dr. S. J. Stewart, Dr. J. Adams, Dr. T. H. Gandy, Dr. G. H. H. Booth, Dr. J. A. K. Griffiths, Dr. B. Bell, Dr. H. R. Cross, Dr. W. B. Clegg.
Drayton ..	{ Drayton U. & R. .. Wem U. & R. .. Whitchurch U. ..	{ 122,573	31,339	3	3	Dr. J. R. Mitchell, Dr. J. Dallywy, Dr. C. W. Eames, Dr. V. E. Somerset, Dr. A. H. Clough, Dr. W. King Hay, Dr. Frances Lilian Lewis, Dr. A. Lees Low, Dr. W. Hall, Dr. A. T. Woolward.
Ludlow ..	{ Church Stretton U. .. Ludlow U. & R. ..	{ 120,089	22,732	3	3	Dr. H. Gooch, Dr. J. McClintock, Dr. C. H. Flory, Dr. C. A. Hodges, Dr. C. Fenwick, Dr. H. O. Watson, Dr. A. Sanders Green, Dr. R. G. Addenbrooke.
Oswestry ..	{ Ellesmere U. & R. .. Oswestry U. & R. ..	{ 113,170	35,086	3	3	Dr. W. B. A. Lewis, Dr. J. H. Fletcher, Dr. R. H. S. Marshall, Dr. C. E. Salt, Dr. C. D. Rogers, Dr. A. C. Heard, Dr. E. H. Udall for Oswestry Insti- tution, Dr. S. J. Higgins.
Shrewsbury	{ Atcham R. .. Shrewsbury U. ..	{ 142,608	56,308	3	3	Dr. W. E. Gemmell, Dr. W. B. Ballenden, Dr. G. M. Westwood, Dr. C. W. Cassell, Dr. T. J. Gittins, Dr. C. U. Whitney, Dr. J. McClintock, Dr. H. Gooch, Dr. A. V. Mackenzie.
Wellington	{ Newport U. .. Oakengates U. .. Wellington U. & R...	{ 59,961	39,354	3	3	Dr. H. W. J. Hawthorn, Dr. G. M. Yates, Dr. G. E. Elkington, M.C., Dr. J. R. Pooler.
Wenlock ..	{ Dawley U. .. Shifnal R. .. Wenlock U. ..	{ 65,478	29,401	3	3	Dr. C. U. Whitney, Dr. H. C. Woodhouse, Dr. R. S. Mitchell, Dr. J. G. Boon, Dr. F. W. Hudson-Bigley, Dr. S. B. Legge, Dr. D. J. M. Legge.
		861,800	244,156	22	22	

Public Vaccinators and Vaccination Districts, 1936.

Vaccination District.	Vaccination Officer.	Public Vaccinators.
Bridgnorth ..	A. H. Reynolds ..	C. A. Hodges, L. E. Dickson, G. R. Kennedy.
Church Stretton ..	A. Dillon Smith ..	C. H. Flory, F. W. Hudson-Bigley, H. Gooch, J. McClintock.
Cleobury Mortimer ..	S. Whitehead ..	R. G. Addenbrooke, O. J. M. Kerrigan.
Clun... ..	W. J. Beavan ..	G. H. H. Booth, J. A. K. Griffiths.
	A. Lloyd Davies ..	S. J. Stewart, D. M. Hunter.
	M. George ..	H. R. Cross, T. H. Gandy.
	W. H. Jones* ..	J. Adams, W. B. Clegg.
Drayton ..	G. E. Axon ..	Walter Hall, W. King Hay, A. Lees Low, Frances L. Lewis.
Ellesmere ..	J. H. Butler ..	A. C. Heard.
	P. J. Whiston ..	C. D. Rogers.
Ludlow ..	R. G. Brookes ..	C. Fenwick, H. O. Watson.
	R. J. Price ..	C. H. Flory, C. A. Hodges, C. Fenwick.
	W. H. Jones* ..	J. Blundell Williams.
Madeley ..	W. Edge ..	J. G. Boon, F. W. Hudson-Bigley.
	W. H. Jones* ..	C. U. Whitney.
	B. H. Ellis ..	J. B. Robertson.
Newport ..	G. G. Crickmer ..	G. E. Elkington, G. M. Yates, J. R. Pooler.
Oswestry ..	T. Pughe-Jones ..	R. H. S. Marshall, W. B. A. Lewis, H. S. O'Connor, C. E. Salt, E. H. Udall, S. J. Higgins.
Shifnal ..	L. G. Harris ..	G. R. Kennedy, D. J. M. Legge, S. B. Legge.
Shrewsbury ..	E. P. Everest, M.B.E.	C. W. Cassell, W. E. Gemmell, T. J. Gittins, W.B.Ballenden, H.B.MacLeod, G.M.Westwood.
Wellington ..	R. Gwynne ..	H. W. J. Hawthorn, G. M. Yates.
Wem ..	W. H. Jones* ..	J. Dalley, C. W. Eames, J. R. Mitchell, V. E. Somerset, A. T. Woolward.
Whitchurch ..	E. Jones ..	A. H. Clough.

* Chief Clerk, County Public Health Department.—See page 20.

Hospital Accommodation at County Council Institutions in 1936.

Name of Institution.	Sick Wards.		Staff.				
	No. of beds.	Average No. of beds used.	Medical Officer.	Trained Nurses (including Matron).	Probationer Nurses.	Assistant Nurses.	Male Attendants.
County Council Hospital ..	177	128	* Resident	12	25	—	—
Public Assistance Institutions:—							
Bishop's Castle	35	19	Visiting	1	—	3	1
Bridgnorth	41	30	Visiting	—	—	3	—
Ironbridge	107	55	Visiting	4	—	12	—
Ludlow	50	36	Visiting	1	—	4	—
Market Drayton	46	34	Visiting	1	—	4	—
Oswestry	88	78	Visiting	6	6	1	—
Shifnal	27	23	Visiting	1	—	2	—
Wellington	124	99	Visiting	4	6	4	1
Whitchurch	27	20	Visiting	1	—	2	—
	545	394		19	12	35	2

* Also Visiting Consultant.

Other accommodation available at rate-aided institutions includes 16 cots for children at County Home for Ailing Babies, Wellington; 30 beds for mental defectives (Church Stretton Institution 5, Madeley Institution 25); 896 beds for mental cases at Salop Mental Hospital; 11 beds for tuberculous patients at Prees Heath Sanatorium; 4 beds for venereal cases at 1, Belmont, Shrewsbury; 26 beds for small-pox cases, and 85 beds for other infectious cases.

Voluntary Hospital Accommodation.

Name and Situation.	No. of beds, including cots.	Facilities provided.
Bridgnorth and South Shropshire Infirmary, Bridgnorth ..	50	a, b, c, d, m, n, p, q, r, s, t, u.
St. Catherine's Cottage Hospital, Clun	6	a, b.
Cottage Hospital, Ellesmere	12	a, b, d, k, p, v, w.
Cottage Hospital, Ludlow	9	a, b, m, p, q.
Cottage Hospital, Market Drayton	12	a, b, d, t, w.
Lady Boughey Cottage Hospital, Newport	12	a, b, d, k, m, n, p.
Cottage Hospital, Oswestry	21	a, b, d, m, p, v, w, z.
Cottage Hospital, Shifnal	15	a, b, c, d, f, i, n, o, p, q, s, v, w, z.
District Cottage Hospital, Wellington	18	a, b, d, m, p, r, t.
Cottage Hospital, Whitchurch	14	a, b, d, m, p, q, r, v, w.
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	320	b, d, e, f, j, k, m, n, p, q, r, v, w.
Royal Salop Infirmary, Shrewsbury	158	a, b, c, d, f, j, k, m, n, q, r, s, u, v, w, z.
Tenbury Cottage Hospital, Burford	10	a, b, m, p, q, w.
Eye, Ear and Throat Hospital, Shrewsbury	53	b, d, g, h, p, w, x.
Lady Forester Hospitals—		
Broseley	29	a, b, c, d, m, p, r, s, t, v.
Much Wenlock	25	a, b, c, k, l, m, n, p, q, r, s, t, v, w.
King Edward VII. Memorial Sanatorium, Shirlett	62	k, m.

Other Hospitals used by Salop patients include the Hereford General Hospital, Wolverhampton Royal Hospital, Stafford Infirmary, Wolverhampton Eye Hospital, the Kidderminster Hospital, and the North Staffordshire Infirmary, Stoke-on-Trent.

KEY.—a=General Medical and Surgical Treatment; b=Operating Theatre; c=Maternity Beds; d=Children's Beds; e=Orthopaedic Department; f=Dental Department; g=Nose, Throat and Ear Department; h=Ophthalmic Department; i=Dermatological Department; j=Laboratory; k=Light Therapy; l=Radium Treatment; m=X-Ray Facilities; n=Massage Treatment; o=Gynaecological Department; p=Private Ward; q=Open-Air Verandah; r=Shelters; s=Ante-natal Clinic; t=Provision for convalescence; u=Provision for isolation of infectious diseases; v=Casualty Department; w=Out-Patient Department; x=Solarium; y=Ambulance; z=Extensions or re-building contemplated.

Hospital Beds available in the County of Salop classified according to Type of Case and as far as possible to Sex.

Type of Case.				Provided at	Total.	No. of Beds. Male. Female. M. or F.		
General Medical	Royal Salop Infirmary, Shrewsbury	.. 58	30	28	..
General Surgical	Royal Salop Infirmary	.. 68	40	28	..
General Medical and Surgical	{		Clun, St. Catherine's Cottage Hospital	.. 6	3	3	..	
			County Council Hospital, Cross Houses	.. 126	63	63	..	
			Bridgnorth and South Shropshire Infirmary	.. 31	16	15	..	
			Ellesmere Cottage Hospital	.. 8	4	4	..	
			Lady Forester Cottage Hospital, Broseley	.. 20	6	6	8	
			Lady Forester Memorial Hospital, Much Wenlock	.. 19	6	6	7	
			Ludlow Cottage Hospital	.. 9	4	5	..	
			Market Drayton Cottage Hospital	.. 12	6	6	..	
			Newport, Lady Boughey Cottage Hospital	.. 12	6	6	..	
			Oswestry Cottage Hospital	.. 19	..	..	19
			Shifnal Cottage Hospital	.. 9	4	5	..	
			Tenbury Cottage Hospital	.. 10	5	5	..	
			Wellington Cottage Hospital	.. 12	6	6	..	
			Whitchurch Cottage Hospital	.. 12	6	6	..	
					305	135	136	34
Children	{		County Council Hospital	.. 18	..	..	18
			Bridgnorth and South Shropshire Infirmary	.. 5	..	..	5
			County Home for Ailing Babies, Wellington	.. 16	..	..	16
			Ellesmere Cottage Hospital	.. 1	..	..	1
			Lady Forester Hospital, Broseley	.. 1	..	..	1
			Newport (Lady Boughey) Cottage Hospital	.. 1	..	..	1
			Oswestry Cottage Hospital	.. 2	..	..	2
			Public Assistance Institutions	.. 61	..	..	61
			Royal Salop Infirmary	.. 24	..	..	24
			Shifnal Cottage Hospital	.. 3	..	..	3
			Wellington Cottage Hospital	.. 4	..	..	4
			Whitchurch Cottage Hospital	.. 2	..	..	2
					138	138
Maternity	{		County Council Hospital	.. 24	..	24	..	
			Bridgnorth and South Shropshire Infirmary	.. 9	..	9	..	
			Lady Forester Cottage Hospital	.. 6	..	6	..	
			Lady Forester Memorial Hospital	.. 6	..	6	..	
			Public Assistance Institutions	.. 11	..	11	..	
			Royal Salop Infirmary	.. 8	..	8	..	
			Shifnal Cottage Hospital	.. 3	..	3	..	
					67	..	67	..
Venereal Diseases	V.D. Clinic, Shrewsbury	.. 4	2	2	..
Tuberculosis	{		Shirlett Sanatorium	.. 62	..	..	62
			Prees Heath Sanatorium	.. 11	..	..	11
			County Council Hospital	.. 9	5	4	..	
			Public Assistance Institutions, } (shelters)	.. 11	5	3	3	
					93	10	17	76

Type of Case.	Provided at							Total.	No. of Beds.			
									Male.	Female.	M. or F.	
Private Wards	{	Bridgnorth and South Shropshire Infirmary ..							5	..	..	5
		Ellesmere Cottage Hospital							3	..	..	3
		Wellington Cottage Hospital							2	..	..	2
		Orthopaedic Hospital							10	..	..	10
		Eye, Ear and Throat Hospital							7	..	..	7
		Lady Forester Hospital, Broseley							2	..	..	2
									29	..	..	29
Chronic Sick	Public Assistance Institutions .. ..	..	..	..	443	236	207	..	
Mental	Salop Mental Hospital .. ..				..	896	436	460	..	
			P. A. Institutions .. ..				..	19	6	13	..	
							..	915	442	473	..	
Mental Deficiency ..	{	Church Stretton P.A. Certified Institution ..							5	..	5	..
		Madeley P.A. Certified Institution ..							25	10	15	..
									30	10	20	..
Orthopaedic	Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry .. ..				..	310	160	120	30
Eye, Ear, Nose and Throat	Eye, Ear and Throat Hospital ..				..	46	..	..	46
Puerperal Fever and Puerperal Pyrexia	County Council Hospital .. ..				..	as occasion arises.			
Small-pox	26	..	..	26
Other Infectious Diseases	85	..	..	85

In addition, the County Council has made arrangements with the Royal Hospital, Wolverhampton, and Cleveland House, Wolverhampton, for the treatment of persons suffering from venereal diseases, and with the Mrs. Legge Memorial Home, Wolverhampton, for the admission of unmarried mothers without homes.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) of Administrative County	..	..	..	..	..	..	..	..	861,800
Population (Census 1931)	..	..	..	..	..	..	..	..	244,156
Estimated population Mid Year, 1936	{ for Birth-rates and Death-rates		..	..	..	..	..	..	241,800
	{ Urban—for Birth-rates and Death-rates		..	..	..	..	..	..	122,600
	{ Rural—for Birth-rates and Death-rates		..	..	..	..	..	..	119,200
Number of Inhabited Houses (Census 1931)	..	..	..	..	..	..	..	..	59,553
Number of Families or separate Occupiers (Census 1931)	..	..	..	..	..	..	..	..	60,904
Rateable Value	..	..	..	..	..	..	..	..	£1,119,981
Sum represented by a penny rate	..	..	..	..	..	..	..	..	£4,427

Extracts from Vital Statistics of Registrar-General.

				Male.		Female.		Male & Female.		Rates.	
				1935	1936	1935	1936	1935	1936	1935	1936
Live Births	Total	..	..	1,877	1,879	1,733	1,769	3,610	3,648	14.92	15.08
	Legitimate	..	..	1,754	1,787	1,641	1,664	3,395	3,451	14.03	14.27
	Illegitimate	..	..	123	92	92	105	215	197	.89	.81
Still-births				86	87	84	79	170	166	.70	.68
Deaths: Total				1,547	1,681	1,469	1,504	3,016	3,185	12.47	13.17
Infant Mortality				91	102	74	65	165	167	46	46
Legitimate Births				85	95	65	60	150	155	44	45
Illegitimate Births				6	7	9	5	15	12	70	61

				1929	1930	1931	1932	1933	1934	1935	1936
Deaths of Women in, or in consequence of, child-birth:											
Total				14	22	21	15	21	20	16	18
From Sepsis				2	7	6	10	13	8	10	4
From other causes				12	15	15	5	8	12	6	14

Deaths from Measles (all ages)				7	12	10	4	14	14	8	4
,, Whooping Cough (all ages)				20	6	14	23	17	13	4	5
,, Diarrhoea (under 2 years of age)				27	17	11	8	7	11	8	7

VITAL STATISTICS.

Population.—Below are given particulars of the population of the County at the time of the last four census returns, and the Registrar-General's estimate of the population at the middle of each year since 1933.

1901 (Census)	..	..	239,783	1933 (estimated population)	243,900
1911	..	..	246,307	1934	242,700
1921	..	..	243,062	1935	241,900
1931	..	..	244,156	1936	241,800

Marriages.—There has been an upward tendency in the number of marriages in the registration county since 1932. Previous to that year, the tendency had been in the opposite direction. The following summarises the position since 1920 :—

Period.	Annual Average.	Year	Actual.
1921—25	1927	1934	1957
1926—30	1903	1935	1937
1931—35	1874	1936	1945

Birth-rates and Death-rates of each of the Sanitary Districts for the year 1936.

Urban Districts.	Births.		Deaths.		Rural Districts.	Births.		Deaths.	
	No.	Rate.	No.	Rate.		No.	Rate.	No.	Rate.
Bishop's Castle	15	11.3	13	9.8	Atcham	300	16.1	243	13.0
Bridgnorth	63	11.9	85	16.0	Bridgnorth	199	16.5	166	13.7
Church Stretton	31	13.5	39	17.0	Clun	152	14.9	145	14.2
Dawley	116	15.2	100	13.1	Drayton	127	15.6	102	12.6
Ellesmere	27	13.9	26	13.4	Ellesmere	107	15.3	75	10.7
Ludlow	92	15.8	75	12.9	Ludlow	201	14.4	170	12.2
Market Drayton	80	16.6	83	17.1	Oswestry	240	15.1	213	13.4
Newport	33	9.7	48	14.1	Shifnal	113	15.2	101	13.5
Oakengates.. ..	131	12.0	125	11.5	Wellington	265	16.5	208	13.0
Oswestry	148	14.9	143	14.5	Wem	150	15.3	117	11.9
Shrewsbury	564	15.0	488	13.0					
Wellington	144	14.9	107	11.1					
Wem	37	16.6	41	18.4					
Wenlock	224	16.3	184	13.4					
Whitchurch	89	14.3	89	14.1					
Total Urban Districts ..	1794	14.1	1646	14.0	Total Rural Districts ..	1854	15.5	1540	12.8
Whole County	3648	15.08	3186	13.17	Whole County	3648	15.08	3186	13.17

Births.—There were 3,648 births during 1936, an increase of 38 as compared with the previous year. This represents a birth-rate of 15.08 per thousand of the population, a rise of 0.16.

The birth-rate for England and Wales in 1936 was 14.8 per thousand.

Deaths.—The number of deaths in the county in 1936 was 3,186, a rise of 70 as compared with the preceding year. This gives a death-rate per thousand of the population of 13.17, or a rise of 0.7.

The death-rate for England and Wales was 12.1 in 1936.

Principal Causes of Death.

	1926—30	1931—35	1935	1936
Heart Disease	559 (average)	688 (average)	721	856
Other Circulatory Diseases	131 „	153 „	144	162
Cerebral Haemorrhage	226 „	227 „	234	245
Congenital Debility	128 „	127 „	115	97
Influenza	120 „	109 „	71	73
Bronchitis	156 „	122 „	94	110
Pneumonia	157 „	147 „	135	141
Tuberculosis Pulmonary	129 „	129 „	124	95
Other forms	38 „	32 „	27	23
Cancer, Malignant Disease	377 „	411 „	420	410

Cancer.—From the above tabular statement it will be seen that the number of deaths from cancer during 1936 was 410, or ten less than in the previous year. As there has for a number of years been a tendency, almost annually demonstrated by statistics, for the deaths from this disease steadily to increase, it is gratifying to be able to report even this small reduction. The death-rate for cancer for this county during 1936 was 1.695 per 1,000 of the population, as compared with 1.736 for the preceding year.

Notwithstanding the increase in the facilities for, and the improvements in the methods of treatment, which have resulted from cancer research and the advance of surgical and radiological knowledge, the annual statistics relating to this disease continue to present disturbing features. Probably however, the position is rather better than these statistics would seem to indicate, as there is no doubt that the information relating to cancer cases is fuller and that the data which have been compiled are more accurate.

The facts which the general public should bear in mind are that it is unusual for cancer to develop before middle-age, that it is not necessarily a fatal disease, that in the early stages it is curable, and in the very early stages probably easily curable; but that, if neglected, it will progress to a stage when only palliative treatment, likely to prolong and make life more comfortable, is the most that can be given. The rate of progress of the disease is variable, but as a rule the younger the patient the more rapid the growth. Any new growth, a "lump" which can be felt or a wart or a sore which can be seen and has developed unobtrusively and almost imperceptibly, should without delay be brought to the notice of a medical practitioner, especially if the patient has reached what is sometimes referred to as the "cancer age." Amongst such cases there is likely to be found a high percentage of patients who are curable.

The question of securing adequate facilities for the diagnosis and treatment of cancer is one of the importance of which the Ministry of Health has been urging upon the notice of Local Authorities. In this county many patients find their way in the ordinary course into the wards of the Royal Salop Infirmary and the more advanced cases into those of the County Council Hospital or of the Public Assistance Institutions. The position in this county may be set out as follows:—

General Arrangements.—As a general rule, the Public Assistance Institutions in the county send their cases to the Royal Salop Infirmary when operative treatment is indicated. Inoperable cases requiring skilled nursing and other special attention are admitted to the County Council Hospital, where the Resident Medical Officer and the Consulting Surgeon have an opportunity of going into the condition more fully with a view to taking any further steps that may appear necessary.

Special Arrangements.—General authorisation has been given to the County Medical Officer of Health to take such action as may seem desirable to deal with cancer cases at the County Council Hospital. In practice this has (so far) resulted in the transfer of the patient to a Birmingham Institution which is in a position to carry out the appropriate treatment, although it does not preclude the possibility of sending a patient anywhere within reason. The County Medical Officer of Health is of course required to report fully on each case specially dealt with in this way to the next monthly meeting of the Hospital Management Committee.

Radium Treatment.—A further service is secured through the Lady Forester Hospital, Much Wenlock, which has a supply of radium and about which the Secretary of the Hospital issued during the year the following circular letter to all medical practitioners in the county:—

"The Trustees and Board of Management of the Lady Forester Hospitals desire to draw the attention of the Medical Practitioners in the County to the continued existence of the Radium Centre at Much Wenlock Hospital. Radium has been used as a therapeutic weapon by the Lady Forester Hospital for close on twenty years. There is now in the possession of the Hospital Authorities 150 milligrams of radium mounted according to the most technical requirements in the form of needles, tubes, and flat applicators. A number of beds have been set aside in the Hospital for those undergoing treatment, and for this and the application a nominal charge is made. Until now, the accommodation and the supply of radium have been more than adequate to any calls made upon it. At various times a number of communications have been circulated indicating the large number of lesions for which radium might be regarded as the preferential mode of treatment. We feel that the radium at Much Wenlock might be more extensively employed."

The County Council has no definite arrangement with the Lady Forester Hospital, but merely takes advantage of the facilities which that Hospital provides. The procedure, therefore, in all cases brought to our notice as likely to benefit from radium treatment, is to refer the doctor responsible for the patient to the Secretary of the Hospital.

The following is the Report of **Dr. F. W. H. Bigley** (Medical Officer) on Radium Treatment at the Lady Forester Hospital for the year ending 31st March, 1937 :—

“ During the period under review eighty-three cases were treated with Radium. These numbers show an increase of Patients over the past few years in spite of a certain amount of constriction in the scope of Radium Therapy, but the Board of Management feel that still more use might be made of the 150 milligrams of Radium which is available.

“ Residents of Shropshire receive prior consideration in accordance with the Deeds of the Lady Forester Trust, but Patients are accepted from adjoining Counties and many such have availed themselves of its use. A small Ward is reserved for Radium Patients and a Private Ward is also available. The Fees vary according to circumstances and range from free treatment for those unable to pay, to three guineas per application for private Patients.

“ The Radium is mounted in accordance with the most recent technical requirements in the form of Needles, Tubes and flat Applicators.

“ The numbers and type of Lesion show little variation in the past few years, and although the large number of Cures fall among the more superficial Lesions, some excellent results among more deep seated Carcinomata can also be recorded. In superficial Lesions such as Rodent Ulcers, Naevi, small Epithelionata and Keloids, a Plaque is used ; the application varying from 30 minutes to two hours according to the type and severity of the case. Some cases of Rodent Ulcers and Epithelioma were treated by needles inserted between the healthy tissue and the Growth, and left *in situ* for two to seven days.

“ Five cases of inoperable Carcinoma of Breast were treated. The method usually employed is to apply needles and tubes mounted on a breastplate of Sorbo rubber, this is placed over the area to be treated and kept in position with Elasto-plast. The breastplate is kept on till an erythema is produced. The amount of Radium used on the breastplate varies from 50 to 70 milligrams.

Travelling Facilities.—In view of the difficulty sometimes experienced in making a diagnosis in the case of an actual or suspected cancerous condition, the County Council has made arrangements for the free conveyance to the Royal Salop Infirmary of necessitous patients referred for a further opinion. Similar facilities have been extended from time to time to meet the case of patients in need of radiological treatment.

Infant Mortality.—The children born in 1936 numbered 3,648, and in that year 167 children died before reaching the age of twelve months. This gives an infant mortality rate of 46 per thousand live births, the same as for the previous year, which was the lowest recorded in this county. The nearest approach to this figure was in 1927, when the rate was 48 per thousand live births, this being looked upon as a little exceptional. As was anticipated it rose in subsequent years, though in 1931 it fell to 51. These three figures, therefore, namely, 46, 48 and 51, represent the lowest infant mortality levels achieved in this county. As the corresponding rate in 1936 for England and Wales is 59 per thousand live births—an increase of 4 as compared with the previous year—the fact that the rate of 46 per thousand live births has been maintained in this county for two years in succession is worthy of note.

It would perhaps be unwise to assume that this figure can be maintained as a matter of course, and still more so to suggest that it is attributable entirely to the health visiting and other services. There are probably factors involved beyond human control, but undoubtedly the Health Visiting and the Maternity and Child Welfare services have played a very important part.

In the Annual Report for 1935, it was pointed out that, if there was to be any further marked reduction in the infant mortality rate, the problem was one which would have to be tackled from a different angle—notably in relation to the health of the mother-to-be—in order to prevent the occurrence of those conditions in the new-born child for which medical assistance and advice could be of little avail. Since there has been a definite decline from 119 to 95, in the number of deaths due to these causes, namely, premature birth and congenital defects, there should have been a lowering of the infant mortality rate in 1936 had other factors remained the same. On the balance, however, the outlook for the future would appear to be better with the facts as they have been found to be during the year, namely, a maintenance of the infant mortality rate at the low figure of 46 per thousand live births, brought about by a fall in the number of deaths due to premature births and congenital defects, counterbalanced by an increase in the number of infant deaths assignable to other causes.

While it still remains true that congenital defects cause the death of well over fifty per cent. of the children who die under the age of one year, there must be some reason for the improvement shown by the statistical data for the year 1936, and it seems justifiable to assume that no little credit is due to the Scheme under which grants of milk are made to expectant and nursing mothers as well as to children up to the age of five years.

Bearing in mind the population and rateable value of the county, Shropshire's effort in this respect can stand comparison with that of any other county in England. The Scheme is not however open to expectant mothers till after the sixth month of pregnancy, which is an unfortunate restriction. As milk is known on biochemical and physiological grounds to be the best and most nutritious form of food available for human consumption, these special grants ought to be commenced much earlier in pregnancy if the maximum beneficial effect is to be secured.

Particulars relating to Infant Mortality since 1905.

Chief Causes of Death.	Average for years						No. for years			
	1905 to 1909	1910 to 1914	1915 to 1919	1920 to 1924	1925 to 1929	1930 to 1934	1933	1934	1935	1936
Births ..	5955	5427	4441	5137	4277	3833	3664	3681	3610	3648
Deaths ..	561	444	335	319	244	215	197	210	165	167
Measles and Whooping Cough ..	34	22	19	14	11	8	11	9	3	4
Influenza .. .. .	..	..	11	3	5	3	2	1	0	3
Other Infectious Diseases ..	5	1	1	0	0	0	1	0	0	0
Tuberculous Diseases ..	19	12	6	6	4	5	8	4	0	4
Convulsions and Meningitis (not tuberculous)	60	42	..	..	..	..	..	..	..	..
Bronchitis	46	33	31	22	10	6	4	5	4	5
Pneumonia	65	43	34	32	32	23	9	21	14	16
Diarrhoea	22	14	15	20	11	9	6	10	7	6
Premature birth and Congenital defects, &c.	128	119	*	*	124	128	132	127	119	95
Infant Mortality Rate	94	81	75	62	57	56	54	57	46	46

* Figures not available.

The great importance of care in the early weeks and months of life is brought out by the following table which gives particulars of the ages at death of 1,310 children under twelve months, concerning which accurate information is available. *Outstanding is the fact that, of children whose deaths were recorded before reaching one year of age, approximately two-thirds died in the first month of life.*

Deaths of Infants under one year.

AGE GROUPS.	Number of Deaths.								1929—36		
	1929	1930	1931	1932	1933	1934	1935	1936	Total.	Per- centage.	
Under 1 day	42	28	40	37	38	37	40	41	303	23.1	} 64.5
1 day—1 week	52	49	28	41	48	28	42	28	316	24.2	
1 week—1 month	37	35	20	28	26	32	23	24	225	17.2	
1 month—3 months	26	19	21	30	15	22	14	15	162	12.4	} 35.5
3 months—6 months	23	13	17	18	9	19	6	7	112	8.5	
6 months—9 months	22	12	14	11	11	13	5	11	99	7.5	
9 months—12 months	18	11	14	12	8	11	11	8	93	7.1	
TOTAL DEATHS	220	167	154	177	155	162	141	134	1310	100.0	

The following table summarises the position in annual averages with regard to the chief matters so far referred to for each five-yearly period from 1901 to 1935, and gives the actual figures for the years 1935 and 1936 :—

Periods.	Births.		Deaths.		Natural increase in population.	Infant Mortality Rate per 1,000 Live-births.	Death-rates from Phthisis per 1,000 of population.	Death-rates from Cancer per 1,000 of population.
	No.	Rate.	No.	Rate.				
1901—05 ..	6404	26.34	3678	15.2	2726	102	.938	1.025
1906—10 ..	5843	23.98	3568	14.64	2275	92	.948	1.093
1911—15 ..	5271	21.12	3351	13.83	1920	82	.804	1.156
1916—20 ..	4646	19.16	3312	14.55	1334	71	.808	1.382
1921—25 ..	4843	19.71	3073	12.49	1770	60	.614	1.374
1926—30 ..	4198	17.17	3055	12.53	1143	56	.529	1.546
1931—35 ..	3736	15.35	3133	12.88	603	53	.538	1.691
1935 ..	3610	14.92	3016	12.47	594	46	.513	1.736
1936 ..	3648	15.08	3186	13.17	462	46	.488	1.695

INFECTIOUS DISEASE.

Particulars of the cases of notifiable disease are contained in the table on page 19, which also gives for purposes of comparison a total of the corresponding figures for the previous year.

On the whole there is little change to be observed in the number of notifications as compared with the previous year, but there were 301 cases of *diphtheria*, an increase of 78.

Diphtheria.—A special report was made to the Clun Rural District Council, by the Medical Officer of Health, Dr. Gepp, on an outbreak of diphtheria in Clunbury.

The outbreak was localised in the area served by Clunbury C.E. Elementary School, and such spread of infection as occurred was clearly due to school attendance in the presence of one or two slight and unsuspected cases, or of “ carriers ” of infection. Cases came to light in the villages of Clunbury, Clunton and Kempton, and all occurred in families of which one or more children attended the school.

The school was visited by a School Medical Inspector and a thorough examination made. Swabs were taken from all the children on the Register, either in school or by visit to the homes, and of a total of 100 swabbed, 9 were reported positive, and 3 of these were notified as cases and removed to hospital, the other six being regarded as “ Carriers ” only. In all, from September 11th to 18th, 11 children were medically notified as cases, and 2 as “ Carriers.” Seven other “ Carriers ” were discovered by swabbing, making a total of 20 children found to be infected.

Dr. Gepp's recommendations were :—

1. That a great safeguard would be afforded if swabs of children excluded on account of sore throat were taken ;
2. That in a Rural District, where an outbreak has affected one school, this precaution should be taken in regard to other schools in the surrounding area.

Dr. Gepp states that the Council has adopted a scheme of immunisation, and it is to be hoped that, following upon this outbreak, parents of young children in the district will take advantage of the protection which can in this way be afforded.

Diphtheria Immunisation.—The Ministry of Health has issued a Memorandum drawing attention to the advantages of *immunisation against diphtheria*, and outlining the procedure which should be adopted to secure active immunity in conformity with the findings of the Health Committee of the League of Nations. As the period of hospital treatment averages about six weeks, and the mortality about 5 per cent., the Memorandum suggests that immunisation of all children over one year of age should be offered to the parents, and that arrangements should be made to provide the necessary facilities. In residential homes and institutions for children, especially, immunisation of all inmates has very definite advantages.

The County Council were prepared, subject to the approval of the Minister of Health, to offer diphtheria immunisation to all inhabitants of the county under sixteen years of age, whose parents were not in a position to make the necessary arrangements for them, but the Minister stated that the County Council had no power to provide such facilities. He also pointed out that, while this was also outside the normal functions of the District Councils, he was prepared, on application from a District Council, to sanction under Section 133 of the Public Health Act, 1875, the provision of facilities for diphtheria immunisation for the poorer inhabitants of the district. On the recommendation of the Public Health Committee the attention of the District Councils was drawn to the attitude of the Minister on this question, and they were urged to give the matter their careful consideration in the interests of the health of the community.

It should of course be understood that, while no *absolute* guarantee can be given that a child who has undergone the process of immunisation against diphtheria will not contract the disease, it can be stated that there is "reasonable certainty of complete protection" when the procedure has been properly and completely carried out, and that, in the unlikely event of an immunised child contracting the disease, it would prove to be of a very trivial nature. A further point is that, *until a large section of the population has been dealt with, an appreciable reduction in the incidence of diphtheria must not be taken too much for granted*, as an immunised person is, just like an unimmunised person, capable of carrying and spreading the disease, although quite free from any clinical signs and symptoms. Diphtheria is at present not only endemic in the community, but is probably the most serious of the common infectious diseases; but if every child were immunised before reaching school age the disease would practically be stamped out and many deaths and much permanent invalidity would be avoided. The time of greatest danger is during the early years of life, and recent statistics have shown that in 25,000 cases of diphtheria, no fewer than 2,500 of the 4,000 deaths recorded occurred in children under five years of age, while nearly 1,000 more occurred in children between five and eight years of age. These figures emphasise the importance of early immunisation against diphtheria.

In this connection the following extracts from the Reports of two District Medical Officers of Health are of interest :—

Oakengates Urban.—"Diphtheria Immunisation was commenced during the year, and at the first school dealt with 93 per cent. of the parents asked for it to be done. Altogether 353 children were inoculated in various schools at the request of their parents by their own doctors. Burroughs Wellcome T.A.M. was provided by the Council, and 2/6 was paid for each injection. Thus each child who completes the treatment will cost eleven shillings and sixpence. There is no doubt that it will be true economy to complete the work in all schools, as well as being a complete protection for the children against this dreaded disease."

Atcham Rural.—*Diphtheria Immunisation.*—"A panel of medical men, willing to act under the Scheme at 2/6 per injection given, has been formed, and arrangements have been made for the storage, and supply without charge, of the necessary material, and for the recording of results.

"Up to the end of the year, 44 children had been immunised, chiefly in the Pontesbury area, *after an outbreak of the disease.*"

The italics in the last paragraph are not Dr. Gepp's.

The following districts have adopted schemes for the immunisation of the poorer inhabitants :

Urban Districts.

Bishop's Castle.
Church Stretton.
Dawley.
Ellesmere.
Newport.
Oakengates.
Oswestry.
Shrewsbury.
Wellington.
Wenlock.
Whitchurch.

Rural Districts.

Atcham.
Clun.
Ludlow.
Oswestry.
Shifnal.
Wellington.
Wem.

Closure of Schools.—During the year 16 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year :—

Measles ..	..	..	..	..	7
Diphtheria ..	..	..	..	..	7
Scarlet Fever ..	..	..	..	..	2

In seven instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result :—

In 4 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect and, therefore, unnecessary.

In 1 instance cases occurred during closure, and further cases developed after re-opening. Closure again proved to be without effect.

In 1 instance no cases occurred during closure, but one or more cases developed on re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In the one remaining instance cases occurred during the closure and did not return to school until free from infection. There was no further outbreak, and it is justifiable to conclude that this closure was effective in checking the spread of the disease.

Upon notification of a single case of measles from a school where the number of susceptible children is less than 50 per cent. of the number on the register, it has been considered preferable to exclude these children rather than close the whole school. During 1936 susceptibles were excluded in 9 instances, with the following results :—

In 4 instances no further cases of measles developed either during exclusion or after re-admission.

In 2 instances cases occurred both during exclusion and after re-admission.

In 1 instance cases developed after re-admission, none having occurred during the exclusion.

In 2 instances cases occurred during exclusion and none afterwards.

This action may therefore be said to have justified itself in only 2 instances out of 9, but it may be claimed that this procedure involved less interference with education than closure of the whole school, in that the attendance of 50 per cent. or more of the children in these schools was not interrupted.

Return of Cases of Notifiable Infectious Diseases compiled from the Quarterly Reports for the year 1936.

SANITARY DISTRICTS.	Population, Census. 1931.	SMALL-POX.	SCARLET FEVER.	DIPHTHERIA (including Membranous Croup).	ENTERIC (Typhoid and Para-typhoid Fever).	PNEUMONIA.	PUERPERAL FEVER.	PUERPERAL PYREXIA.	CEREBRO-SPINAL FEVER.	DYSENTERY.	ACUTE POLIOMYELITIS.	MALARIA.	OPHTHALMIA NEONATORUM.	ERYSIPELAS.	TUBER- CULOSIS.		ENCEPHALITIS LEPTARGICA.
															RESPIRATORY.	OTHER FORMS.	
	244,156	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RURAL.																	
Atcham	20,881	..	10	10	..	20	1	2	..	..	.. 3	..	1	3	14	8	..
Bridgnorth	12,608	..	28	3	..	9	..	1	..	..	..	..	..	2	6	7	..
Clun ..	10,647	..	2	20	..	8	..	..	..	..	..	..	..	4	11	1	..
Drayton	7,873	..	20	5	..	5	..	1	..	..	..	..	1	2	3	2	1
Ellesmere	6,757	..	5	4	..	9	..	..	..	..	..	..	3	2	2	4	.. 1
Ludlow	14,453	..	20	3	..	21	1	4	..	..	..	..	..	5	5	8	.. 1
*Newport	5,498	..	4	..	..	3	..	..	..	..	..	..	..	..	..	..	.. 2
Oswestry	16,470	..	27	9	3	12	..	1	..	..	..	..	3	5	6	3	..
Shifnal	7,602	..	5	1	..	3	..	2	..	..	..	..	1	3	2	1	..
Wellington	10,679	..	16	10	1	25	..	2	..	..	..	..	1	9	10	11	..
Wem ..	10,322	..	6	10	..	18	2	..	..	..	..	..	4	1	6	4	..
URBAN.																	
Bishop's Castle	1,352	..	1	..	..	2	..	1	..	..	..	..	..	..	1	..	..
Bridgnorth	5,303	..	11	2	..	8	..	1	..	..	..	..	..	..	2	2	..
Church Stretton	2,255	..	..	2	..	5	..	..	..	..	..	..	..	..	2	..	..
Dawley	7,629	..	1	14	..	12	..	..	..	..	..	..	..	..	4	..	..
Ellesmere	1,872	..	2	14	..	..	..	..	..	..	..	..	..	..	1	..	.. 1
Ludlow	5,887	..	11	2	..	..	1	1	..	..	..	..	1	12	5	4	..
Market Drayton	4,749	..	5	27	..	3	..	..	..	..	..	..	..	2	..	1	..
Newport	3,437	..	3	3	..	9	..	1	..	..	..	..	..	..	3	3	..
Oakengates	11,261	..	7	46	..	3	..	..	..	..	..	..	1	2	4	2	..
Oswestry	10,060	..	34	52	1	16	1	3	..	2	..	..	1	2	15	8	..
Shrewsbury	35,518	..	32	35	..	25	2	4	1	..	1	..	3	26	31	18	..
Wellington	8,500	..	9	25	..	17	1	2	..	..	..	..	2	4	4	10	..
Wem ..	2,257	..	4	1	..	2	..	1	..	..	..	..	2	..	3	3	..
Wenlock	14,149	..	3	..	..	3	..	1	..	..	1	..	..	1	8	5	..
Whitchurch	6,137	..	1	3	..	2	..	2	..	..	..	..	..	2	2	2	..
TOTALS FOR 1936		..	267	301	5	240	10	30	1	2	5	..	23	86	150	109	5
TOTALS FOR 1935		..	291	223	14	206	17	49	..	1	2	..	19	58	155	82	2
Increase (+) or Decrease (—)		..	—24	+78	— 9	+34	— 7	—19	+ 1	+ 1	+ 3	..	+ 4	+28	— 5	+27	+ 3

* Amalgamated with Wellington Rural District from 1st April, 1936.

ISOLATION HOSPITAL ACCOMMODATION.

In accordance with section 63 of the Local Government Act, 1929, which required the County Council to prepare in consultation with the District Councils a scheme for securing adequate hospital accommodation for cases of infectious disease within the County, a scheme was submitted to the Minister of Health and has now been formally approved by him without modification. The main provisions of the scheme are as follows :—

As regards small-pox, the intention is to provide one hospital with about six beds as a first line of defence, and two other hospitals with 8 and 16 beds respectively, which would normally be used for advanced cases of consumption.

For cases of infectious disease other than small-pox it is intended to provide a centrally situated hospital with about 64 beds and, in addition, to utilise the Morda Isolation Hospital at Oswestry, which has accommodation for about 17 patients. In the plan for the main hospital, provision would of course be made for extension in the event of additional accommodation being required.

Full particulars of the accommodation at present available for cases of infectious disease were given in the report for 1934.

VACCINATION.

On page 21 are details relating to vaccination tabulated for each vaccination district in the County for the years 1935 and 1936. It is not at present possible to give full details for 1936. In that year, however, there were 3,648 live births and 1,610 declarations of conscientious objection ; and the total number of certificates of successful primary vaccination of children under 14 years received was 1,673.

In 1935, there were 3,610 births registered, 1,542 declarations of conscientious objection, and 1,489 certificates of successful primary vaccination.

The Public Health Committee have decided, with a view to the correlation of the duties under the Vaccination Acts with the Maternity and Child Welfare Services, for the purpose of securing eventual simplification of administration, to appoint the Chief Clerk in the County Health Office to fill any vacancy caused by the resignation of existing Vaccination Officers, and thus centralise the work. The Chief Clerk now acts as Vaccination Officer in four Vaccination Districts. (See page 7).

Vaccination of Infants and Children.

VACCINATION OF INFANTS IN 1935.										VACCINATION OF CHILDREN UNDER 14 DURING 1936.	
Vaccination Districts.	Births registered	Successfully Vaccinated.		Insus-ceptible of Vac-cination.	Declara-tions of Conscien-tious Ob-jections.	Died Unvac-cinated.	Vaccina-tion post-poned.	Removed out of District.	Unac-counted for.	Total No. of Certificates of successful Primary Vaccination received.	No. of Statutory Declarations of Conscientious Objection actually received.
		No.	%								
*Bridgnorth ..	230	62	26.95	..	143	7	..	8	10	77	119
*Church Stretton	61	33	54.98	..	19	3	4	2	..	47	22
*CleoburyMortimer	98	42	42.85	..	51	1	3	1	..	53	56
†Clun ..	171	83	48.57	..	73	8	2	3	2	100	64
*Drayton ..	129	77	56.58	..	39	7	..	3	3	117	43
†Ellesmere	158	79	50.00	..	49	7	2	13	8	53	33
†Ludlow ..	195	88	45.12	..	93	6	5	1	2	103	87
†Madeley	295	103	34.91	..	154	8	4	18	8	122	178
*Newport	132	37	28.03	1	70	6	1	11	6	33	32
*Oswestry..	354	47	13.27	..	176	13	..	24	94	55	170
*Shifnal ..	195	46	23.59	..	105	12	..	32	..	41	72
*Shrewsbury	931	506	54.35	4	295	28	2	59	37	574	328
*Wellington	436	124	28.44	..	287	10	..	4	11	167	324
*Wem ..	114	53	46.48	2	52	5	..	1	1	71	44
*Whitchurch	134	65	48.50	..	55	4	..	7	3	60	38
Percentage of	3633	1445	39.77	7	1661	125	23	187	185	1673	1610
Total No. of Births for the year	1935	39.77		.19	45.71	3.44	.63	5.14	5.09		
" "	1934	41.10		.03	46.45	4.11	.59	1.98	5.74		
" "	1933	42.85		.24	43.45	4.58	.65	4.04	4.14		
" "	1932	42.49		.16	43.7	4.16	.77	1.98	6.77		
" "	1931	45.07		.10	42.39	4.23	.44	2.39	5.38		
" "	1930	46.83		.2	42.4	4.54	.46	1.65	3.93		
" "	1929	46.81		.22	41.21	4.84	.32	1.52	5.08		

* = Whole District covered by single Vaccination Officer.
† = District covered by two Vaccination Officers.
‡ = District covered by more than two Vaccination Officers.

LEGISLATION IN FORCE.

In addition to the Acts and Bye-Laws in force in the various districts of the County, the County Council has acquired powers under the "County of Bedford, etc. (Prevention of Tuberculosis) Order, 1926," and the "County of Salop (Prevention and Treatment of Small-pox) Regulations, 1920."

POOR LAW MEDICAL SERVICES.

There has been no fundamental change during 1936 in the arrangements for the administration of the Institutional Medical Services transferred from the late Boards of Guardians or in the matter of Poor Law Medical Out-Relief.

The use made of Poor Law Infirmary Accommodation is shown by the following particulars of in-patients who were discharged from or died there during 1935 and 1936.

Disease Groups.								Totals.	
								1936	1935
A.	Acute Infectious Disease	..	..	..	..	..	..	18	48
B.	Influenza	..	..	..	..	..	..	33	28
C.	Tuberculosis	{ Pulmonary	..	..	..	..	..	11	11
		{ Non-pulmonary	..	..	..	..	..	2	11
D.	Malignant Disease	..	..	..	..	..	..	33	32
E.	Rheumatism	..	..	..	..	..	..	37	30
F.	Venereal Disease	..	..	..	..	..	..	3	3
G.	Puerperal Pyrexia	..	..	..	..	..	..	—	—
H.	Puerperal Fever (Women confined in the Hospital)	..	..	..	..	..	..	1	—
I.	Diseases and Accidents connected with pregnancy and childbirth..							3	16
J.	Mental Diseases	..	..	..	..	..	..	74	56
K.	Senile Decay	..	..	..	..	..	..	62	54
L.	Accidental Injury and Violence	..	..	..	..	..	..	34	29
M.	Diseases of the Nervous System and Sense Organs	..	..	..	..	..	..	38	50
N.	„ „ Respiratory System	..	..	..	..	..	..	92	73
O.	„ „ Circulatory	..	..	..	..	..	..	134	90
P.	„ „ Digestive	..	..	..	..	..	..	47	45
Q.	„ „ Genito-urinary	..	..	..	..	..	..	24	21
R.	„ „ Skin	..	..	..	..	..	..	56	49
S.	Other Diseases	..	..	..	..	..	..	80	72
T.	Mothers and Infants discharged from Maternity Wards and not included in the above figures	..	..	..	..	..	..	6	10
								23	6
U.	Any persons not falling under any of the above headings..	..	..	..	..	..	..	59	51
								870	785

COUNTY COUNCIL HOSPITAL.

Whilst chiefly intended for medical and surgical cases in need of skilled nursing, for whom the alternative in most instances would be accommodation in a Public Assistance Institution, the Hospital is proving quite as useful for maternity patients who are unable for one reason or another to be suitably confined at home. This is a particularly important facility where skilled ante-natal treatment or supervision is required, and is also invaluable in cases of difficult labour. In addition, puerperal fever and puerperal pyrexia cases are received; and similar facilities are extended to Montgomeryshire and Radnorshire under special agreement.

Below are given particulars of the cases treated at the Hospital during 1936, with, for purposes of comparison, the corresponding figures for 1935 :—

	Adults.				Children.				Total.	
	Men.		Women.		Under 5 yrs.		5—16			
	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936
Cases in the Hospital on 1st Jan. ..	58	59	63	64	16	25	3	3	140	151
Cases in Hospital on 31st Dec. ..	59	43	64	63	25	17	3	4	151	127
Total admissions	339	304	520	610	301	363	45	26	1205	1303
Total discharges	254	224	439	555	275	355	36	25	1004	1159
Deaths	84	96	80	56	17	16	9	..	190	168

The following is the **Report of Dr. S. Burke, Resident Medical Officer.** and gives briefly the work undertaken during the year by the County Council Hospital :—

		1936	1935
“ Total number of	Admissions	1303	1205
	Discharges	1159	1004
	Deaths	168	190
“ Number of beds occupied	Average	128	126
	Highest	153	164
	Lowest	107	111

“ There were 81 operations performed in the Operating Theatre, of which 39 were Abdominal Sections.

“ *Maternity Cases* numbered 331, of which 36 needed Obstetrical Interference.

“ *Caesarean Sections* numbered 8, which were necessitated by :—

- 2 cases of Eclampsia.
- 3 cases of Small Pelvis.
- 1 case of Obstructed Labour.
- 1 case of Tubercular Hip.
- 1 case of Hydrocephalus.

Mortality was nil.

“ *Maternal Deaths* numbered 3, but these cases were “ In extremis ” on admission.

- 1 Shock and Obstructed Labour.
- 1 Shock and Retained Placenta.
- 1 Placenta Praevia and ante-partum haemorrhage.

“ The cases treated in Hospital during the year can be summarised in the following way :—

Acute Medical ..	46 per cent.	Chronic ..	7 per cent.
„ Surgical ..	23 „	Maternity ..	24 „

“ *Children* treated during the year numbered 36 ; Medical 24, Surgical 12.

“ *Carcinoma*.—Forty-two cases of Carcinoma were admitted, most of which were in a hopelessly inoperable state. They were classified as follows :—

Stomach and Oesophagus ..	6	Skin	5
Rectum and Colon	13	Larynx	3
Tongue and Mouth	2	Bladder	2
Uterus	2	Lip	1
Breast	5	Brain (Glioma)	1
Sigmoid	1	Jaw	1

“ Puerperal Pyrexia.—During the last few months treatment of this condition has been simplified by the introduction of a drug, aminobenzenesulphonamide, which is given orally and also in soluble form by intramuscular injection. This, of course, is less expensive to use than Serum, and in all cases more beneficial. It is to be hoped that there will be a very substantial decrease in the rate of Maternal Mortality due to infection, as a result of treatment of this drug.

“It is also suitable for Prophylactic administration in cases where surgical intervention has become necessary.”

MATERNITY AND CHILD WELFARE.

The Maternity and Child Welfare Services can only be developed to their fullest usefulness if they are hinged round a sufficient number of suitable Welfare Centres. While this county probably compares favourably with other counties of a like nature in the provision of Centres, there are still a few areas in which these Services could be extended, and it is also unfortunately a fact that some of the existing Welfare Centres are not altogether suitable for the services which they are primarily intended to secure.

Notification of Births.—Births, with the exception of those occurring in the Borough of Shrewsbury, must be notified to the County Medical Officer of Health by the midwife, doctor in attendance at the confinement, or other responsible person. The following are the particulars :

Live-Births.				Average 1931—35	Actual 1936
Total registered births	..	..	..	3,243	3,084
Notifications—					
by midwives	..	..	..	2,791	2,686
by medical practitioners	..	..	..	367	343
by parents	..	..	..	1	—
Births otherwise ascertained	..	..	..	36	18
				— 3,195	— 3,047
Excess of births registered over births notified or discovered				48	37

During the year, 146 stillbirths were registered and 132 were notified—105 by midwives and 27 by medical practitioners.

In the Borough of Shrewsbury, which is an independent Maternity and Child Welfare Authority, 564 live births and 20 still-births were registered during the year.

Medical, Health Visiting and Nursing Services.—The Assistant School Medical Officers are also the Medical Officers for Maternity and Child Welfare Work, to which they devote three-tenths of their time.

There are twelve whole-time health visitors whose work includes attendance at child welfare centres, ophthalmia neonatorum nursing, tuberculosis visiting and attendance at tuberculosis dispensaries, measles visiting, supervision of mental defectives and also duties as Infant Protection Visitors. Ten of the whole-time health visitors are also engaged in school work and attend school medical inspections, school clinics, eye clinics, and visit physically defective school children. In addition, 64 district nurses are also part-time health visitors.

Visits paid by Health Visitors.

Health Visiting Staff.	To Children.				To expectant mothers.
	Under 1 year.		1 to 5 years.	Total.	
Whole-time (12)	1st 2,030	Total. 11,309	18,274	29,583	974
Part-time (64)	1,166	10,988	16,084	27,072	7,182
Totals for 1936	3,196	22,297	34,358	56,655	8,156
Average 1931—1935	3,321	20,965	29,394	50,359	7,361

Insanitary Conditions.—Particulars of the following insanitary conditions reported on by the health visitors found in the course of their duties were forwarded to the Sanitary Authorities for their attention, viz. :—

Unsatisfactory water supplies 10, inadequate ventilation 70, uncleanness 44, dampness 63, overcrowding 118, and nuisances 9.

Measles Visiting.—Infants suffering from measles are visited by the whole-time health visitors. During the year 147 cases were visited.

Dental Treatment.—Nursing and expectant mothers as well as other young mothers with families who are not in a position to pay for private treatment receive it by arrangement with the School Dental Officers at the Welfare Centres, and 79 such patients—26 less than in the previous year—were treated.

Children under school age receive treatment by the Dental Officers under a similar arrangement. Twenty-seven children were treated—14 less than in the previous year.

Orthopaedic Cases.—See under Orthopaedic Section, page 38.

Maternity and Child Welfare Centres.—Of the fourteen Welfare Centres in the County, nine are held weekly, and five (at Church Stretton, Ellesmere, Newport, Highley, and Wem) fortnightly.

It is satisfactory to note that the figures for 1936 show an improvement on the previous year, particularly in the case of the expectant mother.

At most of the Centres a school clinic is held in the morning, the latter part of the day being devoted to maternity and child welfare work. There are no clinics for ante-natal cases only, and this work is done in conjunction with the child welfare work, although an effort is made, as a rule, to do the ante-natal work during those parts of the day when the Centres are least busy.

Attendances made at the Child Welfare Centres for 1935 and 1936 are given in the table on page 26.

Under an arrangement with the Borough of Shrewsbury, the County Council makes a small payment per case attending the Shrewsbury Welfare Centre or Ante-natal Clinic. This arrangement proves very helpful with County Council cases resident near Shrewsbury who are not conveniently situated for attending a County Council Welfare Centre.

During the year 18 expectant mothers made 31 attendances, and 30 children under five years of age made 97 attendances. The number of attendances in both of these groups is not quite as large as in previous years.

Addresses at Welfare Centres.—When time and opportunity allow, addresses on subjects of importance to health are given at the Welfare Centres by doctors, health visitors, dentists, and voluntary workers.

The following are the particulars for the years 1931 to 1936 :—

Welfare Centres.					No. of Addresses.					
					1931	1932	1933	1934	1935	1936
Bridgnorth	..	..	..	..	10	17	33	32	26	20
Church Stretton	..	..	..	..	6	4	5	10	5	9
Dawley	..	..	..	..	45	47	48	45	42	51
Ellesmere	..	..	..	..	0	1	0	0	0	5
Highley	..	..	..	..	21	22	19	11	14	14
Ironbridge	..	..	..	..	15	27	47	44	34	33
Ludlow	..	..	..	..	0	27	37	42	40	37
Market Drayton	..	..	..	..	48	52	51	50	35	48
Newport	..	..	..	..	0	3	8	8	9	5
Oakengates..	..	..	..	..	33	37	31	30	20	18
Oswestry	..	..	..	..	5	10	11	6	7	3
Wellington	..	..	..	..	48	52	50	49	43	49
Wem	..	..	..	..	0	0	6	18	13	13
Whitchurch	..	..	..	..	16	12	23	22	26	31
Totals ..					247	311	369	367	314	336

Feeding of Infants.—The first visit of the health visitor to an infant is paid as soon as possible after the midwife has ceased attendance on the mother.

		1931	1932	1933	1934	1935	1936
Percentage naturally fed	first visit ..	89.2	88.2	88.8	88.1	90.1	91.7
	three months	73.5	74.7	72.4	71.9	69.2	68.2
	six months ..	65.4	66.1	63.2	62.5	60.7	59.9

Ophthalmia Neonatorum.—Reluctance on the part of the parents to consent to hospital treatment, on account of what appears to them to be a comparatively trivial condition, is understandable enough ; but an effort is made to get all cases of ophthalmia neonatorum removed to hospital because of the seriousness of a condition which might quite easily, if not properly dealt with, cause actual and complete blindness.

During the year, 22 cases of ophthalmia neonatorum, 3 more than in the previous year, were notified. All of the cases recovered with apparently no injury to the eyesight.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.—These Amendment Regulations have been issued to facilitate the provision of the assistance which the Maternity and Child Welfare Authorities are required to give in the case of babies suffering from Ophthalmia Neonatorum. Under the previous Regulations notification was sent to the District Medical Officer of Health, whose duty it was to forward within twenty-four hours a copy of the notification to the Medical Officer of Health of the Maternity and Child Welfare Authority in whose area the case has occurred. This procedure often resulted in a delay of at least one day in the visiting of the case by the local health visitor and in securing for the child the specialist treatment which is frequently so urgently required.

Under the new Regulations, which came into force on 1st April, 1937, the procedure is reversed, and all cases of Ophthalmia Neonatorum are notified direct to the Medical Officer of Health of the Local Authority for the purposes of Maternity and Child Welfare. Provision is also made in these Regulations for the Medical Officer of Health of a District which is not a Maternity and Child Welfare Authority to receive from the County Medical Officer of Health information of any cases occurring in his district within twenty-four hours of the receipt of notification.

County Home for Ailing Babies.—The County Council works through a local committee which includes representatives from the Public Health Committee. A complete financial statement is furnished monthly to the County Council.

The number of babies admitted to the Home was 88 (3 less than in the previous year), and the average duration of stay was 65 days (5 more than in 1935).

Dr. Elfyn T. Jones, Medical Officer of the Home, states in his Annual Report :—

“ There has been a slight decrease in the number of babies admitted to the Home during the year. The average length of stay has increased to 65 days—this was found to be necessary in order that the babies should have attained a state of good health before being discharged.

“ During the year there were 8 deaths in the Home. All these babies had a constitutional defect which it was found quite impossible to overcome.

“ The Home continues to maintain its high reputation, and is proving of inestimable value in the treatment of Ailing Babies.

“ The good results obtained are to a great extent due to the efficient co-operation given, and the interest taken by Matron and her Staff.”

“ Eight deaths occurred during the year, the causes being :—Pneumonic Consolidation and Malnutrition, Influenza, Prematurity (2 cases), Syncope (2 cases), Epilepsy, Atelectasis.

“ The reasons for admission to the Home were as follows :—

Malnutrition	53	To restore Breast Feeding ..	2
Vomiting	7	T.B. Contacts	5
Prematurity	5	Difficulty in Feeding	4
Rickets	1	Pink Disease	2
Marasmus	9		

“ Of those discharged, 77 were in good health, 2 had improved, and in 5 cases there was no improvement. All these cases of no improvement were transferred to Hospital for either surgical or special medical treatment. Two made an uninterrupted recovery, and three died.”

Supply of Free Milk.—Milk is supplied free in necessitous cases to expectant mothers after the sixth month of pregnancy, to nursing mothers, and to children under the age of three years. The sum of £1,892 was spent on free milk in the year ended March, 1937—£348 more than in the previous year.

Infant Life Protection.—Infant Life Protection cases are put under the supervision of the whole-time Health Visitors, who are required to visit them at least once a quarter, or more frequently should the home conditions or health of the child not be found satisfactory.

The following are the particulars of the cases supervised during the last four years:—

		1933	1934	1935	1936
Number of cases	{ on 1st Jan.	146	177	186	168
	{ on 31st Dec.	177	186	168	143
	{ added during the year	71	44	37	21
No of cases removed from Register	{ reached 9 years of age ..	7	8	22	21
	{ legally adopted	4	4	3	6
	{ left County	13	10	11	10
	{ removed to relatives ..	13	11	17	6
	{ died	0	2	2	1
	{ removed to places of safety	3	0	0	2

Midwifery Services.—In 1935, there were 221 midwives practising in the County, 2 of whom were untrained. In the year under consideration there were 236 registered midwives engaged in midwifery practice in Shropshire, of whom only one was untrained.

Under the Maternity and Child Welfare Act, 1918, the duty is placed on the County Council of making provision for midwifery services, and its obligation in this respect it discharges through the agency of the Shropshire Nursing Federation and the affiliated District Nursing Associations. There were 97 District Nursing Associations in being during 1936.

Midwives Act, 1936.—The principal effect of this Act is that, amongst other things, it requires the County Council to formulate and put into operation not later than 30th July, 1937, a scheme to secure throughout the County a domiciliary service of whole-time salaried midwives. Such a scheme has been adopted by the Council and is now in operation, but is subject to revision not later than 30th July, 1938.

As this Act had little, if any, bearing on the midwifery services during 1936, comment can more appropriately be reserved for the Report for the following year.

Training of Midwives.—By an arrangement with the County Council, the Shropshire Nursing Federation sends suitable candidates for training as midwives, three-fourths of the expense being borne by the County Council, the remainder being met by the Shropshire Nursing Federation.

During 1936, there were 5 midwives who completed their training, making 128 the total number of midwives trained by the County Council under this arrangement since 1921.

Payments under Midwives Acts.—The number of claims for payment under the Midwives Acts sent in by medical practitioners was 695, and payments amounting to £1,070 were made to them during 1936. During the previous year the claims numbered 758, and payments totalled £1,244.

Compensation to Midwives.—Early in 1936, the Council decided to undertake, in approved instances, the payment of compensation to midwives for loss of fees on account of cases for which they were engaged having been sent to Hospital as a result of serious complication in pregnancy.

Statistics relating to Work under Midwives Acts.

Year	Midwives practising in December.	Visits of Inspection.	Notifications received from Midwives.					
			Medical help.	Still-birth.	Death of mother or Child.	Artificial Feeding.	Liability to be a source of infection.	Having laid out Dead Body.
1920	240	651	733	70	8	60	9	23
1925	261	694	882	48	3	51	28	22
1930	263	845	1192	57	8	47	59	38
1935	221	494	1187	45	20	37	140	57
1936	236	324	1043	39	23	46	101	56

Maternal Deaths.—In 1936 there were in Shropshire 18 maternal deaths directly or **indirectly** due to pregnancy, or due to a condition complicated by pregnancy. In five of the 18 cases a doctor had been engaged prior to the confinement. The Maternal Death-rate in this County according to the official returns of the Registrar-General, was 4.39 per thousand live births.

The following table gives particulars relating to maternal deaths in this County since 1930, and it will be observed that no fewer than 62 deaths out of a total of 139 were the result of a first pregnancy. This fact brings out the great importance of attendance to the health and general well-being of the mother who is approaching her first confinement, and also to the need for skilled nursing and skilled medical attendance at the time it takes place.

Maternal Deaths 1930 to 1936.

Year.	Causes of Deaths Investigated.					Death-rate per 1,000 live births.		
	All causes.	Puerperal Fever.	Puerperal Pyrexia.	Other.	Number in first confinement.	Shropshire. Local Statistics.	Official Statistics.	England and Wales.
1930 ..	21	4	4	13	11	5.13	5.37	4.40
1931 ..	21	5	5	11	12	5.31	5.31	4.11
1932 ..	18	9	2	7	6	4.77	3.97	4.24
1933 ..	22	7	1	14	13	6.00	5.57	4.42
1934 ..	24	7	2	15	11	6.52	5.43	4.60
1935 ..	15	8	1	6	4	4.16	4.43	4.10
1936 ..	18	4	..	14	5	4.93	4.39	3.81
	139	44	15	80	62	..	..	..

The statistics of the Registrar-General do not always correspond with local data, but should be taken for the purpose of comparing the maternal death-rate in Shropshire with that for England and Wales. The difference between *Official Figures* and *Local Figures* is probably in some cases accounted for by the fact that the Registrar-General bases his return on the death certificates, some of which may attribute the cause of death of a pregnant woman to a disease which complicates the pregnancy and is not recognisably connected with it. To what extent it is justifiable to include some of the cases in the local statistics is doubtful; but, as the complicating condition must have been a contributory factor, for the purposes of local statistics these cases have been looked upon as maternal deaths inasmuch as they must form part of the larger problem if the maternal mortality rate as a whole is to be faced and reduced. It would be advantageous for the purpose of compilation of accurate data, if a definition of what constitutes a maternal death were formulated in the manner of the definition in force to secure the notification of cases of puerperal pyrexia.

Puerperal Fever and Puerperal Pyrexia.—Arrangements have been made for the admission of these cases to the County Council Hospital: or, if the medical practitioner in attendance so desires, a nurse is provided through the agency of the Shropshire Nursing Federation to look after the patient in her own home.

In 1936, there were ten cases of puerperal fever (four of whom died) and 35 cases of puerperal pyrexia. In the previous year, there was a total of 70 cases due to puerperal fever or puerperal pyrexia, nine of whom died.

Pemphigus.—No case of Pemphigus occurred during the year.

Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.—The services of a Consultant are now available for any doctor who desires a second opinion or assistance as a result of a serious complication or emergency arising during pregnancy parturition, or the puerperium.

During the year a consultant's opinion was secured in 7 confinement cases.

Sterilised Maternity Outfits.—Authorisation was given last year for sterilised maternity outfits to be supplied in suitable cases for a trial period of twelve months. As only one outfit was supplied, it will be seen that very little use has been made of this service so far.

Provision of Maternity Beds.—The following are the arrangements made for the provision of maternity beds by the County Council :—

County Council Hospital.—Inclusive of puerperal cases, 24 beds are available for all classes of midwifery patients. During the year 343 patients were admitted, of whom 12 were infectious cases.

Newport Nursing Home.—Two beds are always available here. The County Council pays an annual fee of £10 per bed towards their maintenance, and a guinea a week in necessitous cases. During the year 2 County Council cases were admitted, one for a period of 9 days, and the other for a period of 3 weeks.

The Lady Forester Hospitals, Broseley and Much Wenlock.—There are six maternity beds at Broseley hospital and four beds at Much Wenlock hospital. Occasionally other beds have been used. The County Council has agreed to pay £1 1s. a week towards the cost of any case recommended that cannot afford the fee. One case was sent during the year.

Hostels for unmarried mothers and their infants.—An arrangement is in force with the Mrs. Legge Memorial Home, Wolverhampton, by which patients are admitted for six months, the County Council paying £2 a week for the first six weeks, the expense of the remainder of the period being borne by the Home. Three cases were sent during the year.

Institutional Treatment of expectant and nursing mothers and their infants suffering from Venereal Diseases is carried out under the Venereal Diseases Scheme at Cleveland House, Wolverhampton. Six cases were sent during the year (see page 52).

MATERNITY AND NURSING HOMES.

Registration.—Any person carrying on a nursing home within the meaning of the Act without having had it duly registered is liable to a penalty, and application for registration must be made to the Local Supervising Authority, namely, the County Council, on a prescribed form accompanied by a fee of 5/-. The Local Supervising Authority has power to grant exemption from registration in certain cases, and registration has not been insisted upon in the case of the following Institutions :—

Eye, Ear and Throat Hospital, Shrewsbury.
King Edward VII. Memorial Sanatorium, Shirlett.
Lady Forester Hospitals, Broseley and Much Wenlock.
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
Royal Salop Infirmary, Shrewsbury.

Inspection.—The Inspector of Midwives is also the Inspector of Nursing Homes, and she submits a report on each Home after each visit. An effort is made to visit each Home once a quarter. She is also required to inspect and report fully upon any Nursing Home in respect of which an application has been made for registration. During the year fifty-seven inspections were made.

Accommodation provided.—During the year one new nursing home was registered and two were closed, as the keepers of both of these Homes left the County.

No. of Homes taking <i>general</i> cases only	..	..	..	..	..	..	9
Patient accommodation :—111 beds and 7 cots.							
No. of Homes taking <i>maternity</i> cases only	..	..	..	..	..	..	9
Patient accommodation :—19 beds.							
No. of Homes taking both <i>maternity and general</i> cases	..	..	..	..	..	..	15
Patient accommodation :—143 beds and 2 cots.							

In all, therefore, there are 33 Homes on the Register, the total patient accommodation being 273 beds and 9 cots.

TUBERCULOSIS.

The chief object of any Tuberculosis Scheme must be the *prevention* of Tuberculosis, and *treatment* should be regarded merely as an essential side-line. Gratifying as it is to note that in 1936 the death-rate from tuberculosis is the lowest on record in this county, it must not be forgotten that the incidence of the disease will only be reduced if all possible preventive measures are put into operation and diligently carried out.

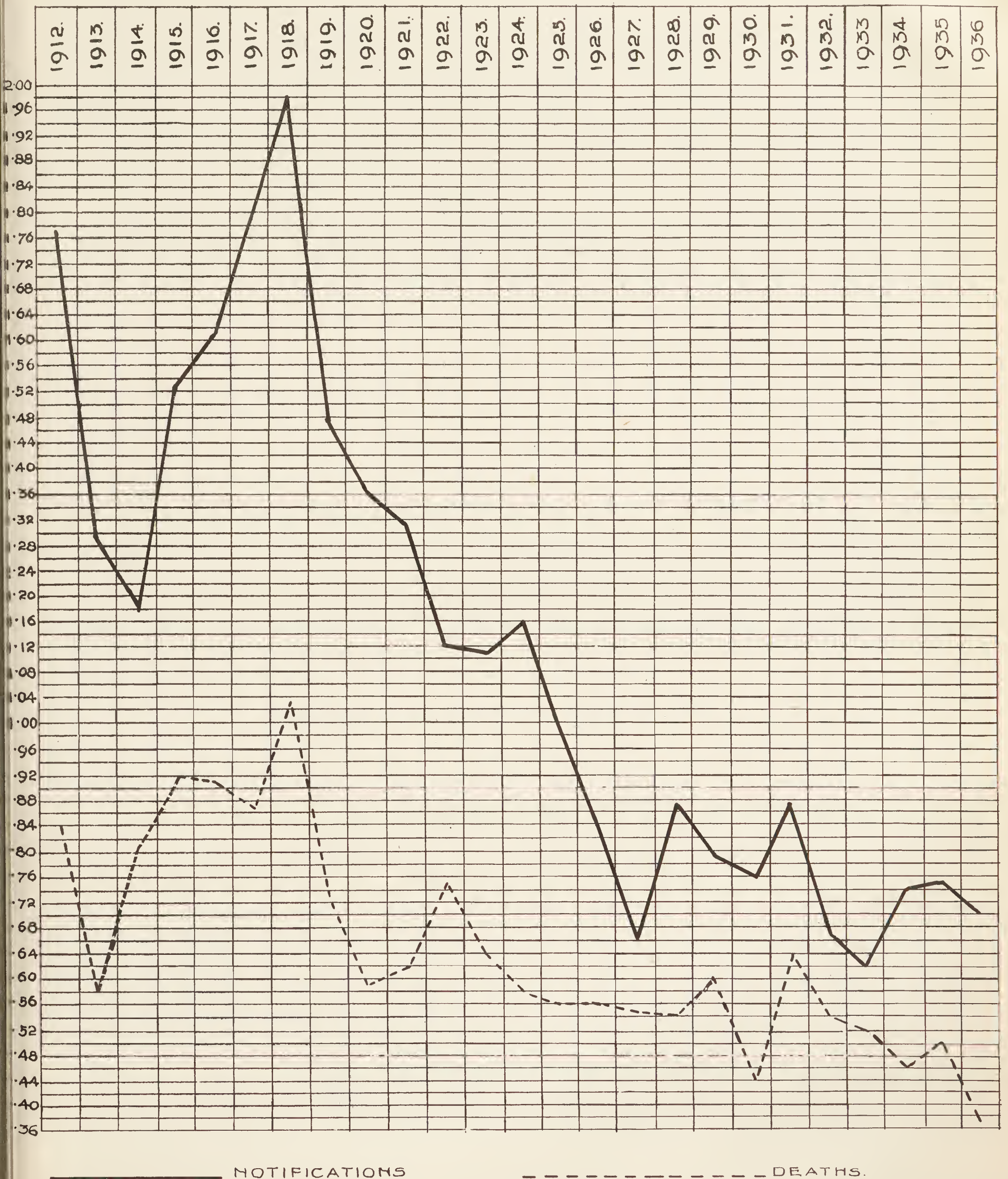
Tuberculosis presents special administrative difficulties. Most forms of infectious disease are of sudden development, easy of recognition, run a definite course, and come to an abrupt termination ; and those responsible for their control have to act promptly if anything effective is to be done to stop the spread of an infection which will in the end work itself out. Tuberculosis, on the other hand, is ubiquitous, difficult of recognition in its early stages and not easy to cure, and the sufferers are often infectious over a prolonged period. Hence, no steps taken by a health authority are likely to bring about a spectacular and immediately recognisable alteration in the incidence of the disease, and the solution of the Tuberculosis problem resolves itself into the steady and unrelenting application and extension of preventive measures.

The arrangements made for the sanatorium *treatment* of tuberculous patients are often expensive, but it must be realised that as a contribution to the solution of the tuberculosis problem they are essential, the paramount aim being the prevention of tuberculosis. The educational facilities which they afford for imparting a knowledge of the precautions necessary to avoid the spread of infection from one person to another are extremely valuable, more especially in the case of patients who will eventually return to resume their place in ordinary life.

Beds for *advanced cases* of tuberculosis are definitely essential, inasmuch as this type of patient is usually in a highly infectious state, and such beds form a valuable contribution to the preventive side. In this county, while the requirements of women and children are being satisfactorily met in this respect, it is a matter for regret that the same cannot be said of the accommodation for men. It is imperative that the institutional provision which is made for these patients should be of such a nature that they will readily accept *segregation* in this way.

Apart from the segregation of advanced cases of tuberculosis above referred to, the most important of the preventive measures are those which affect the well-being of the individuals comprising the general population. Foremost are undoubtedly *sound nutrition* and *hygienic surroundings*, which last ultimately means good housing conditions. Upon the former to a great extent depends the resistance of the individual to infection, a point demonstrated by the seriousness of the disease during adolescence, when the demand for food is greatest : with the latter varies the liability to infection of the susceptible individual in the presence of Tuberculosis, and in a clean and well-ventilated home this is much less than in one which cannot be so described.

PULMONARY TUBERCULOSIS NOTIFICATIONS AND DEATHS. RATES PER 1,000 OF POPULATION 1912-1936.



Success in the campaign against Tuberculosis depends on many factors in addition to proper food and housing, all of which have in common the characteristic that they lead to the attainment of a higher standard of health in the general population. The Health Services generally, from infancy (or indeed from the ante-natal period) onwards, are the foundations upon which the efforts of those specifically employed on Tuberculosis work must be based; and these Services are not likely to meet with a full measure of success until education in health matters is more thoroughly and systematically organised during the years of school attendance.

Notifications and Deaths.—The table below gives notifications and deaths from all forms of tuberculosis, grouped as pulmonary and non-pulmonary cases. There was no evidence of excessive incidence of, or mortality from, tuberculosis in any particular occupation in the county during the year, and it will be noticed that the number of notifications of *pulmonary tuberculosis* decreased by 13 and the number of deaths by 29. In the case of *other forms of the disease*, the number of notifications increased by 23, and there was a fall of 4 in the number of deaths.

Notification previous to death was not received in 8 of the cases of pulmonary tuberculosis and in 10 of the cases of non-pulmonary forms of the disease. One of the 8 cases of pulmonary tuberculosis which were not notified before death, died in an institution outside Shropshire, one of the remaining 7 died in an institution within this County, and in two instances no medical practitioner had attended before death, the cause being revealed only after post-mortem examinations. The ratio, therefore, of notifications after death to notifications before this occurred was 1 to 15, which is an improvement on the previous year, when the ratio was 1 to 12. Although notification is compulsory, as there was no evidence of wilful neglect in this matter it was not necessary to take any action to enforce it.

An enquiry into the home conditions of the 169 patients notified as suffering from pulmonary tuberculosis showed that at the time of notification 80 had separate bedrooms, 22 shared bedrooms but had a separate bed, 47 shared beds, two objected to the enquiries of the health visitor, in 10 cases inquiries were not considered necessary (the home conditions being good and full precautions taken), and in 8 instances the information was unobtainable for a variety of reasons. The smallness, bad ventilation, and bad construction of many of these bedrooms were obviously factors which must have contributed to the spread of infection.

Notifications of, and Deaths from, Tuberculosis, 1936.

Age periods of cases.				New Cases.				Deaths.			
				Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
				M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	..	..	0	0	3	2	0	0	2	2
1—5	..	..	..	0	1	6	2	0	0	3	1
5—15	..	..	..	5	7	16	35	0	0	0	1
15—25	..	..	..	22	13	11	11	7	8	0	3
25—35	..	..	..	24	17	4	6	17	13	1	0
35—45	..	..	..	26	10	4	6	12	9	1	4
45—55	..	..	..	16	6	1	5	9	2	0	2
55—65	..	..	..	8	7	1	3	11	3	1	2
65 and upwards	..	..	..	3	4	1	1	3	1	0	0
				104	65	47	71	59	36	8	15
TOTALS FOR 1936	..			169		118		95		23	
TOTALS FOR 1935	..			182		95		124		27	

Death-rates from Pulmonary Tuberculosis, 1901—1936.

	Average Death-rate.			Rates for					
	1901—10	1911—20	1921—30	1931	1932	1933	1934	1935	1936
Urban Districts	1.133	.960	.679	.748	.659	.529	.536	.480	.432
Rural Districts .. .. .	.825	.700	.525	.537	.384	.497	.404	.546	.352
Whole County .. .. .	.961	.816	.580	.636	.516	.513	.470	.513	.393
England & Wales	1.146	1.007	.768	.742	.687	.693	.635	.666	.58

The following Report has been received from **Dr. T. R. Elliott, Tuberculosis Medical Officer** :—

“ The year 1936 shows the lowest number of deaths from Pulmonary Tuberculosis since the Anti-Tuberculosis Scheme came into being. The number of deaths in 1936 was 95, and this is the first time that the figure has been below 100. The previous lowest was in 1930, when there were 106 deaths, and this was followed by a slight rise in the succeeding years. Such fluctuations will probably occur again, but the number of deaths reveals a steady and definite decline.

“ One great difficulty in dealing with Tuberculosis is presented by the ambulant infectious case—the person who has a chronic cough and who does not trouble to seek medical advice. Such persons may be a danger to others for years without knowing it as, apart from occasional attacks of so-called Bronchitis, they keep moderately well (although all the time spreading infection) and owing to the latency of tuberculous infection it may be many years before the young adult develops the disease, with the result that the parent may remain undiscovered until inquiries are made into the source of infection.

“ Again there is still a great dread of Tuberculosis among many people, who even when manifestly ill will not seek medical advice because of the fear that they may be told they are suffering from Consumption. In consequence, the disease becomes too advanced for them to derive any benefit from treatment, and throughout they have been spreading infection and inevitably causing a further crop of cases in the future.

“ There is no reason, apart from excessive fear, for this to go on, especially as we have now every modern means at our disposal to make a definite and early diagnosis.

“ It would appear that the only way of preventing this is by propaganda through the medium of the press, lectures, and other agencies commanding public attention, to emphasise that there is nothing to lose but all to gain by a speedy and definite diagnosis.”

Relationship of Deaths to Notifications.—The following Table gives particulars of notifications and deaths in five-yearly periods :—

Five-year Periods.	Pulmonary		Other Forms		Total.	
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.
1916—20	375.2	187.8	*	*	*	*
1921—25	279.0	151.6	119.0	33.6	398.0	185.2
1926—30	192.4	128.8	126.8	37.2	319.2	166.0
1931—35	178.6	128.8	100.2	32.0	278.8	160.8

* Statistics not available.

Dr. A. C. Watkin, Tuberculosis Medical Officer, states :—

“ The decline in the number of yearly notifications has been influenced to some extent by more accurate methods of diagnosis, particularly the use of X-Rays, but in the main it is due to a definite decline in the incidence of the disease. Admission of patients to Shirlett Sanatorium can now be obtained in reasonable time, and the accommodation at that Institution is adequate for the type of patient for which it is intended. The facilities for institutional treatment of advanced cases in the county, however, are still unsatisfactory, as pointed out more fully in last year's Annual Report. Segregation of advanced and highly infectious patients is one of the most effective measures in the prevention of spread of the disease, and provision of more beds for this type of case is urgently needed.”

Tuberculosis Register.—A register of all cases of tuberculosis in the County is kept in the County Health Office, the number of cases at the end of each of the last three years being as follows :—

Year.	Pulmonary.			Non-pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
1934 ..	750	718	1468	583	672	1255	2723
1935 ..	735	705	1440	608	705	1313	2753
1936 ..	757	705	1462	635	756	1391	2853

Supervision and Examination of Contacts.—On notification of a case of pulmonary tuberculosis, the health visitor makes a full report on the home conditions and visits at regular intervals. Every case of ill-health is reported without delay to the Tuberculosis Officer, who immediately carries out a medical examination. Children of school age from phthisis homes are also examined at each medical inspection by the Assistant School Medical Inspector, and doubtful cases are referred for further examination by the Tuberculosis Officer. Fifteen cases of tuberculosis, 13 adults and 2 children, were discovered amongst the 438 contacts examined during the year.

The importance of examination of contacts is emphasised by the fact that during the past seven years, out of 1,183 adults and 2,101 children examined, 149 adults and 21 children were found to be suffering from pulmonary tuberculosis, or a percentage of 12.6 in the case of adults and 1.0 in the case of children.

Home Visitation by Tuberculosis Officers and Health Visitors.—In addition to visits to the home for the purpose of examination of notified cases, “contacts,” and “suspects,” the services of the Tuberculosis Officers are always available to any Medical Practitioner in doubt about a patient who wishes to have the benefit of a second opinion. For one or other of the above reasons the *Tuberculosis Officers* visited a total of 964 cases, and the total number of visits paid by the *Health Visitors* to phthisis homes was 3,755. Below are given particulars of the visits of the Tuberculosis Medical Officers :—

On Notification	37	On discharge from Sanatorium ..	27
To Contacts	173	On other occasions	355
To suspicious cases	372		

Examination of Sputum.—The County Council provides facilities for the examination of specimens of sputum, and medical practitioners are urged to take the fullest advantage of them.

The results of all sputum examinations are sent to the Health Visitors, who are instructed to pay particular attention to cases from whom a positive sputum has been obtained, as such patients are of course the most infectious.

Of the 169 cases of phthisis notified in 1936, a positive sputum was obtained from 72 patients. In 43 cases the result of the examination was negative, and in 45 cases there was no sputum to examine. Of the remaining 9 cases, 3 were patients in institutions, and 6 patients died before specimens of sputum could be obtained.

Shelters.—There are at present 143 Shelters in the County, 129 of which have been provided by the County Council.

Care Scheme.—There is a Central Care Committee, and there are also local Care Committees covering the whole County. The object of these Committees is to keep in touch with all cases of phthisis throughout the County, and, by means of advice and help, to enable the patient to live as far as possible a “sanatorium life.” Unfavourable conditions requiring special action are reported to the Tuberculosis Officers.

During 1936 artificial pneumothorax was induced in 7 new cases, and there are now 18 cases who regularly attend the treatment centres. Arrangements have been made for this form of treatment to be given at the Shrewsbury Tuberculosis Dispensary, Wellington Public Assistance Institution and Shirlett Sanatorium. During the year 277 refills were given.

X-Ray Examination.—The X-Ray installation in the Tuberculosis Dispensary at 17, Belmont, — Shrewsbury, has made possible the pneumothorax treatment mentioned above, and is proving of great assistance with other branches of the work, especially in the diagnosis of early cases.

During 1936, 661 X-Ray films were taken and 139 screen examinations were made.

Light Therapy.—A Quadruple Carbon Arc Lamp for general treatment and a Tungsten Arc Lamp for local treatment are used for the treatment of cases of tubercular glands and tuberculosis of the skin. During the year 18 cases attended, and 833 treatments were given.

Tuberculosis of Bones and Joints.—Such cases are dealt with under the Orthopaedic Scheme, for particulars of which see page 38.

Babies Home Scheme.—This scheme is the outcome of the application of the principles involved in the prevention of tuberculosis, as no individual is more susceptible than a newly-born child ; and no one is more likely to convey infection than a mother who is suffering from the pulmonary form of the disease. For particulars of the work of the Babies' Home, see page 28.

Prees Heath Sanatorium.—There are eleven beds in this hospital, which is intended for the reception of small-pox cases, but which is utilised, in the absence of an outbreak of this disease, for the accommodation of patients in an advanced stage of pulmonary tuberculosis who are highly infectious and who cannot otherwise be properly provided for. During the year ten patients were admitted to Prees Heath Sanatorium, two were discharged, and six died.

Shirlett Sanatorium.—There are 62 beds in this Institution, which has been provided by the Association for the Prevention of Consumption in the County of Salop and the Hundred of Maelor, and to which the County Council send all cases of pulmonary tuberculosis likely to improve under institutional treatment. The following are the particulars of the admissions, discharges and deaths during 1936 :—

			Admitted.	Discharged.	Died.
Males	..	..	51	46	5
Females	..	..	43	45	0

Analysis of the Cases admitted to Shirlett Sanatorium since its opening in 1911.

Year.	Patients treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cured.	Non-Tuberculous.†
1911	38	10	20	7	1	..	..
1912	74	29	29	11	3	2	..
1913	80	28	40	9	1	2	..
1914	114	34	61	13	1	5	..
1915	133	41	56	24	1	10	1
1916	158	43	71	27	..	16	1
1917	164	63	67	19	..	13	2
1918	124	22	48	37	..	16	1
1919	123	43	47	23	..	9	1
1920	120	46	48	17	..	9	..
1921	121	43	57	14	..	7	..
1922	107	31	61	14	..	1	..
1923	109	33	53	18	..	5	..
1924	151	56	62	23	..	8	2
1925	130	52	56	18	..	4	..
1926	110	36	52	20	..	2	..
1927	86	28	47	8	..	3	..
1928	111	48	51	12	..	..	..
1929	113	39	56	16	..	..	2
1930	113	51	49	13	..	..	..
1931	115	47	57	10	..	..	1
1932	107	48	44	10	..	1	4
1933	87	53	28	6	..	*	..
1934	104	73	23	6	..	*	2
1935	100	66	24	6	..	*	4
1936	94	84	7	..	..	*	3

* Cases are not described as cured until after the lapse of at least 5 years.

† These cases were admitted for observation and afterwards diagnosed as non-tuberculous.

Tuberculosis Dispensaries and Examination Centres.—Tuberculosis Dispensaries are held twice weekly at Wellington, weekly at Shrewsbury and Oswestry, and once a month at Whitchurch, Ludlow, and Bridgnorth. In addition, under an arrangement made by the Church Stretton Care Committee, four sessions were held for examination of contacts and 54 attendances were made. Below are particulars of attendances at the Tuberculosis Dispensaries :—

TUBERCULOSIS DISPENSARIES.	No. of Cases who attended during the year.		SUMMARY OF ATTENDANCES.			Total Attend- ances.
	Total.	For the first time.	Notified Cases.	Non-notified Cases.		
				Contacts.	Suspects.	
Shrewsbury	403	221	832	153	331	1316
Oswestry	203	74	479	76	85	640
Wellington	529	188	2653	188	272	3113
Whitchurch	48	21	37	31	30	98
Ludlow	70	36	85	34	32	151
Bridgnorth	104	54	122	64	94	280
1936	1357	594	4208	546	844	5598

Mantoux Test.—The following Report has been received from **Dr. T. R. Elliott, Tuberculosis Medical Officer** :—

“ This test is done by means of an injection of Tuberculin between the layers of the skin in the forearm. If the patient has been infected with the Tubercle Bacillus at any time or is suffering from Tuberculosis in any form, there will be a definite local reaction at the site of the injection.

“ A negative reaction shows that the patient has never been infected with Tuberculosis, a positive reaction only tells us that the patient has been infected, but shows no definite evidence of actual active disease.

“ This test is being used more and more and is extremely valuable as an aid in coming to a diagnosis with respect to children, especially in cases of suspected tubercular glands, where from ordinary examination it is very difficult to form a final opinion. It is also very useful in doubtful cases of Pulmonary Tuberculosis in children. A negative reaction in either of these permits one to say that the case is not tubercular and to arrive at that conclusion immediately, thus eliminating the expense of keeping these children under observation and, more important still, of being in a position to allay the fears of the parents in the shortest possible time.

“ The earliest positive test we have had was in a baby aged 16 days whose mother did not pick up after the confinement and was then found to be suffering from Pulmonary Tuberculosis. This baby was only in contact with its mother for fourteen days, but a positive test enabled one to say it had been infected and to take a grave view of the case. The baby died at the age of 4 months from Generalised Tuberculosis.

“ Our oldest negative Mantoux was in a boy aged 16 years, in an industrial area. He was sent for an opinion to be given as to whether he had tubercular glands in the neck. A negative Mantoux Test enabled us to say the glands were not tubercular, and on further investigation the boy was found to have Hodgkin's Disease.

“ Undoubtedly the Mantoux Test is going to have a bigger place in our work, facilitating a more definite and speedy diagnosis.”

Public Health (Prevention of Tuberculosis) Regulations, 1925, and the Public Health Act, 1925 (Section 62).—No action was necessary during the year.

ORTHOPAEDIC SCHEME.

There is a central hospital at Park Hall, Oswestry, and after-care clinics are held at Bridgnorth, Cleobury Mortimer, Craven Arms, Dawley, Ellesmere, Ironbridge, Ludlow, Market Drayton, Newport, Oakengates, Oswestry, Shrewsbury, Wellington, Wem, Whitchurch.

The Committee have approved the discontinuance of the Shifnal Clinic, and sanctioned the holding of fortnightly instead of weekly sessions at Ludlow, Market Drayton, Whitchurch, Oakengates, Ironbridge, and Bridgnorth. This arrangement came into force in January, 1936.

Attendances at Clinics.—The following table gives particulars of the attendances at the Orthopaedic Clinics during 1936. It will be observed that the great preponderance of cases are children between the ages of 5 and 16 years, who have been found to be in need of treatment as a result of school medical inspection. The tuberculous cases, which cover all ages, are the smallest in number, but their attendance at the clinics as a rule extends over a very prolonged period.

Attendances at Orthopaedic After-Care Clinics, 1936.

Age Groups.	On Books 1/1/36.	Admitted during 1936.	No. Treated during 1936.	Discharged during 1936.	On Books 31/12/36.	On Appliance Supervision 31/12/36.	Attendances during 1936.
Under 5 years ..	217	159	376	147	229	..	1,875
5—16 years ..	681	380	1,061	315	735	11	5,743
Over 16 years ..	499	340	839	213	424	202	2,958
T.B. cases, all ages ..	148	19	167	18	122	27	1,088
Totals ..	1,545	898	2,443	693	1,510	240	11,664

Also :—65 cases were examined by surgeons and no treatment found necessary.

Cases admitted to Hospital.—Conditions and defects of such a nature that they cannot be adequately dealt with at the After-Care Centres, are admitted for treatment to the Orthopaedic Hospital, particulars of which are given below. The average number of beds occupied was 43, an increase of 4 on the previous year.

Tuberculous Cases.—The number of tuberculous cases admitted was 56, an increase of 1 on the previous year. Of the cases dealt with under this Scheme, 20 were diagnosed as suffering from affections of the spine, 18 of the hip, and 18 from affections of the other bones and joints.

Cases treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during the year and paid for by the Public Health and Education Committee.

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years. of age.	Total.
<i>Congenital Defects and Deformities :—</i>				
(a) Club Foot	1	4	..	5
(b) Claw Foot .. .. .	..	9	..	9
(c) Spine	1	..	..	1
(d) Hip	3	1	..	4
(e) Neck	2	4	..	6
<i>Acquired Deformities of :—</i>				
(a) Spine	1	7	..	8
(b) Knees .. .. .	..	4	..	4
(c) Feet .. .. .	..	3	..	3
(d) Hip .. .. .	..	2	..	2
<i>Rickets</i> .. .. .	..	3	..	3
<i>Osteomyelitis and Epiphysitis</i> .. .. .	..	9	..	9
<i>Tuberculosis</i>	6	21*	29	56
<i>Arthritis :—</i>				
(a) Septic	1	1	..	2
<i>Nervous System :—</i>				
(a) Poliomyelitis (new cases)	2	1	..	3
(old cases) .. .. .	..	6	..	6
(b) Paraplegia	3	1	..	4
<i>Injuries :—</i>				
(a) Bones	3	6	..	9
(b) Joints	1	1	..	2
(c) Other.. .. .	..	1	..	1
Total for 1936	24	84	29	137
Total for 1935	19	88	28	135

* Includes 3 Shrewsbury Borough School Children.

The following table shows the apportionment of the cases treated in the Orthopaedic Hospital and the number of beds occupied by each class of case in five-yearly averages since 1921, and for 1935 and 1936 separately :—

Cases Treated and Average Number of Beds occupied in Robert Jones and Agnes Hunt Orthopaedic Hospital.

							1921—1925	1926—1930	1931—1935	1935	1936
Tuberculosis	{	Cases treated (average)		..			91	80	59	55	56
		Av. No. of Beds		..	..		40	33	27	26	28
Med. Inspection	{	Cases treated (average)		..			68	69	68	67	63
		Av. No. of Beds		..	..		14	13	11	15	19
Child Welfare	{	Cases treated (average)		..			32	21	13	13	18
		Av. No. of Beds		..	..		8	5	3	3	5
Total							191	170	140	135	137
Average No. of Beds							62	51	41	44	52

The cost to the County Council of hospital treatment of Orthopaedic cases is shown below. The variations in the cost in the five-yearly periods do not exactly correspond with the number of beds occupied as shown above, the explanation being that the figures for patients and beds occupied refer to calendar years, whereas the cost of treatment represents payments made during the financial year.

Cost of Treatment of Cases in Robert Jones and Agnes Hunt Orthopaedic Hospital.

Scheme.	Average 1921—25	Average 1926—30	Average 1931—35	1935	1936
Tuberculosis	£ 5,068	£ 4,269	£ 3,122	£ 3,242	£ 3,242
Med. Inspection	2,198	1,608	1,323	1,283	1,402
Child Welfare	1,051	778	331	369	677
Annual average cost	8,317	6,655	4,776	4,894	5,321

Public Assistance Cases.—In addition to the cases treated by the Public Health and Education Committees, 39 cases of non-tuberculous deformities in persons over 16 years of age were treated wholly or partly by the Public Assistance Committee at a total cost of £442. The average length of stay of these cases in the hospital was 42 days.

MILK.

The milk question is always of importance to the community, affecting as it does producers and consumers alike. Although there is a large central body, namely, the Milk Marketing Board, specially charged with the affairs affecting the prosperity of the milk industry, the public ought not to forget or ignore its own responsibility or its power to influence the rate and extent of progress. In certain quarters, there is a growing appreciation of the fact that, no matter how good

a diet may be, an improvement can be effected by the addition to it of milk, if adequate in quantity and wholesome in quality. Physical jerks constitute a more obvious embodiment of the active pursuit of health, but their achievements alone are not comparable to, or as abiding as, those secured quietly and continuously by an intelligent regard to diet.

Taking the county as a whole, it can be claimed that much progress has been made. There has been a large increase in the number of farmers who are producing milk under sound hygienic conditions ; and the Milk Marketing Board's Scheme, under which an Accredited Producer receives a bonus of 1d. per gallon for his milk, has naturally had the effect of encouraging farmers to qualify for the necessary licence.

Dairy Premises.—The County Council requirements in the matter of premises often present a difficulty when the cowsheds have been built not for milk production, but for feeding purposes, as has frequently been the case in this county ; and the County Sanitary Inspector has devoted a large amount of his time during the year in giving advice on the most economical methods of carrying out adaptations. Altogether, for the purposes of the Milk (Special Designations) Order he paid 1,239 visits during 1936.

The work is done in close co-operation with the District Sanitary Inspectors, who have been very helpful, and in this way uniformity of standard throughout the whole county is being gradually arrived at. District Sanitary Inspectors, in the performance of their duties under the Milk and Dairies Order, 1926, the administration of which is largely the concern of District Councils, are adopting standards which should form a good basis for the Milk (Special Designations) Order, the administration of which on the other hand rests chiefly with the County Council.

While a Designated Milk (whether Accredited or Tuberculin Tested) has to pass a test of cleanliness and the herd a veterinary examination, attention has been necessarily concentrated on the premises, as the policy followed in Shropshire has been to try to ensure the production of clean milk under sound hygienic conditions. Moreover, the circumstances at each farm are not overlooked in administrative procedure. For example, should a Designated Milk fail to pass the test, or even several tests, the licence is not automatically suspended or revoked *if the condition of the premises is satisfactory*, and every effort is made to account for and dispose of the cause of the bad results, so that the farmer may be enabled to produce milk of the standard required in order to retain his licence. It can therefore be said that a producer of a graded milk stands little chance of losing his licence if he is really striving to produce clean milk. In this connection it is reasonable to judge his attitude towards milk production by the state in which his premises and cows are kept, and, if these create a favourable impression, the official point of view is that he deserves and must receive all possible help in combating difficulties which should in the nature of things only be temporary. A similar attitude is adopted towards the producer whose milk has failed to pass the test as a preliminary to the issue of a licence.

Premises used for the production of Accredited Milk should be suitable for the production of Tuberculin Tested Milk ; and when the time comes, as it will, sooner or later, for this further step to be taken, transition should be very much facilitated as a result of the policy pursued by the County Council. Already an impetus has in this way been given to the movement in this direction, and it is worthy of note that during the year ten producers of "Accredited" milk applied for and received licences to produce "Tuberculin Tested" milk.

Below are given the official recommendations with regard to dairies and cowsheds. In so far as cowsheds are concerned, it will be observed that there are two groups of recommendations, namely, those which apply to *new* cowsheds and those which are applicable to *existing* cowsheds with a view to adapting them to proper hygienic standards.

I.—NEW COWSHEDS.

Air Space.—The amount of space per cow should be 800 cubic feet.

Size (Internal) :

Single-Row Cowshed.

Feeding passage	..	..	..	..	..	..	..	3' 0"
Feeding trough	..	..	..	..	..	..	..	3' 0" over all.
Standing from front of trough to heelstone	..	..	..	..	..	..	..	5' 0"
Dung channel	..	..	..	..	..	..	..	3' 0"
Milk or Rear Passage	..	..	..	..	..	..	..	6' 0"
Total width								20' 0"

Double-Row Cowsheds.

Feeding passage	..	..	..	..	..	..	..	3' 0"
Feeding trough	..	..	..	..	..	..	..	3' 0" over all.
Standing from front of trough to heelstone	..	..	..	..	..	..	..	5' 0"
Dung channel	..	..	..	..	..	..	..	3' 0"
Milk or Rear Passage	..	..	..	..	..	..	..	6' 0"
Dung channel	..	..	..	..	..	..	..	3' 0"
Standing from front of trough to heelstone	..	..	..	..	..	..	..	5' 0"
Feeding trough	..	..	..	..	..	..	..	3' 0" over all.
Feeding passage	..	..	..	..	..	..	..	3' 0"
Total width								34' 0"

Dung Channel.—It is recommended that there should be a drop of 8" from the bed to the dung channel, and that the dung channel should have a $\frac{3}{4}$ -inch fall towards the milk passage.

There should be a rise in a vertical direction of 1" from the bottom of the dung channel to the surface of the milk passage.

Standings.—A width of from 6' 0" to 6' 6" should be allowed for each double standing, and a width of 3' 6" for each single standing.

Divisions between Standings.—Divisions between standings should be made of concrete or galvanised iron tubing.

Feeding Troughs.—Feeding troughs should be made of concrete or glazed earthenware inserts.

The front of the trough should be 6" above the bed, and the back of the trough should rise to a height of from 2' 6" to 3' 0".

Drinking Bowls.—Each cow should have a separate automatic drinking bowl.

Floors.—The bed, dung channel, and milk passage should be made of concrete.

All corners should be rounded off, and the surface should be finished either with a brush or a straight edge.

All should slope by a slight fall to a drainage outlet, in such a way that all liquids from the cowshed will discharge over properly-trapped gullies, outside the cowshed, connected with the main drainage system by means of glazed socketed cement-jointed pipes.

Lighting.—A minimum of 3 square feet of glass per cow should be allowed.

Roof lighting is of great advantage in a cowshed.

Ventilation.—Ventilation is closely linked up with lighting.

Hopper windows should be fixed in the front and back walls of the cowshed, and the double-hopper draught-proof type is recommended. One in each wall is required for every four cows.

Outlet ventilation should also be provided in the roof. This can very simply be secured by 6" T-pipes at intervals of 10 feet along the ridge of the roof, or by fixing louvred ridge capping.

Roof.—The roof should be covered with slates or asbestos. Slates or tiles are suitable for fixing T-shaped ventilating pipes but, with asbestos, louvred ridge-capping is more suitable.

Wash Basins.—In or near the cowshed a basin should be provided to enable the milkers to wash their hands. If this basin is in the cowshed, on the wall a suitable cupboard should be provided in which to hang the towel.

Water Supply.—A good water supply is essential.

Not less than 15 gallons per cow are required for drinking purposes daily, and about another 10 gallons are required for cleansing and cooling of the milk.

A tap should be fitted in each cowshed to allow of swilling down each day.

Approach to Cowshed.—The approach to a cowshed or dairy should be such that it can be readily cleaned.

It may be necessary to provide a concrete path 3' or 4' in width.

Manure Dump.—The manure should be removed from the yard, and placed well away from the cowsheds or dairy.

If the cows are liable to walk over or through it, it should be surrounded by a post fence.

It is advisable to construct a liquid manure tank for the collection of liquid which can be used on the land.

II.—EXISTING COWSHEDS.

Air Space.—It is not advisable to have less than 600 cubic feet per cow, but less will be allowed if lighting and ventilation are good.

Floors.—The floors should be in such a condition that they can be kept clean.

Bricks (especially blue brick) if set in cement and in good condition, will be considered satisfactory.

The Milk and Dairies Order states that floors of cowsheds shall be so constructed as to render it practicable to remove all liquid matter which may fall thereon.

Dung Channel.—The Milk and Dairies Order requires that dung channels shall be so constructed as to prevent soiling of the cows; that they shall be of concrete or other durable and impervious material; and that they shall convey all liquid matter to a drain outside the cowshed.

All drain inlets in the cowshed must therefore be moved outside where proper gully traps should be fixed.

Standings.—If the floors are in bad condition and not impervious and have to be re-laid, the standings should be re-constructed in such a way as to conform as far as possible with the recommendations made for new cowsheds.

A length of 7' 6" or 8' 0" should be allowed for the feeding trough and beds, and their position will depend on the width of the cowshed.

The feeding passage should be dispensed with, if there is not a good space behind the cows.

A dung channel of as nearly 3 feet width as possible should be provided, but in any case the distance between the beds and back wall must not be less than 5 feet, and such limited space is only allowed if the cowsheds are in such good condition that it is unjustifiable to interfere with an existing feeding passage.

It is considered preferable in many instances in the interests of cleanliness to sacrifice the space at the heads of the cows, very desirable though that be, rather than to have too narrow a space behind the cows.

Lofts.—There is no great objection to a loft if it is in good condition and is high enough to allow of sufficient air space.

In many cases, in order to allow of proper ventilation, it is found necessary to ask to have the floor boards removed to a depth of 3 feet from the wall above the cows' heads. Vertical boarding should then be erected along the edge of the opening, in order to prevent dust, etc., from falling into the cowshed.

Ventilation.—Ventilation can often most suitably be secured by providing draught-proof hopper windows, 4' x 3', fixed lengthwise, in opposite walls of the cowsheds, although it is sometimes possible to secure the same end by converting existing windows into windows of the hopper type.

Of the type which is recommended, one for every four cows should be fixed in the rear wall and, if it is impracticable to fix a similar number of windows in front of the cows, the difficulty can usually be overcome by inserting 6" drain-pipes, one for every two cows, through the wall.

For outlet ventilation, 6" T-pipes should be fixed in the ridge of the cowshed at intervals of 10 feet. An unsatisfactory alternative is to raise every second ridge-tile.

Direct ventilation into a covered bullock-yard is not permitted. The solution is to provide an intervening space of 6 feet by removing the roof of the building in question to that extent, and a properly-constructed concrete path must be made below the opening.

Walls.—The interior surface of the walls should be in such a condition that they can be properly cleaned.

Where the surface is uneven, it should be rendered in cement to a height of about five feet.

To facilitate cleaning, it is often advisable to treat this cement dado with an application of bituminous varnish or some such preparation.

III.—DAIRY.

Walls and Roof.—A dairy should be constructed of brick, and the roof should be composed of asbestos sheets, slates or tiles.

In the case of slates and tiles, the underside of the roof should be covered with flat asbestos sheets or tongued and grooved boarding.

Floors.—The floors should be constructed to allow of proper drainage, and be so laid that the water will discharge over properly-trapped gullies outside.

It is necessary that they should be made of concrete or other impervious material, such as red “quarries” laid in cement.

Sterilising Room and Milk Room.—A dairy should consist of a sterilising room and milk room, and this is always recommended.

When bottling is not carried out, however, one room is allowed to suffice, but when the producer holds a bottling licence separate rooms are required. In most cases, this arrangement can be secured by the construction of a brick division wall. The size of the rooms depends on the number of cows, but the minimum practicable for, say, a small herd of ten cows, is 8' × 8' for the sterilising room, and 6' × 8' for the milk room.

Equipment.—The milk-receiving pan should be fixed on iron brackets in the sterilising room, with an extension through the wall over the refrigerator in the milk room. A steam sterilising plant with washing trough is necessary, and the boiler should always be housed in a separate building adjacent to the dairy.

No wooden table or wooden benching should be used in a dairy unless covered with zinc and, instead of benching, galvanised iron tubing or slate slabs is recommended.

All woodwork in the dairy should be painted and the walls should be cement rendered to a height of at least five feet.

Lighting and Ventilation.—It is essential that a dairy should be cool and well-ventilated.

One hopper window should be fixed in each room, preferably in the north or east walls.

Air grates (size 9" × 6") protected on the outside by gauze should be fixed in the wall opposite the window to permit of cross ventilation.

Outlet ventilation ought to be provided in the roof, especially in the sterilising room.

Position.—While a dairy should be situated conveniently near the cowsheds, it ought not to be near a manure pit, privy, pail closet, ashpit, or pig-stye.

It must not be allowed to communicate directly with a cowshed, kitchen, or any other room, and must not be used for domestic purposes.

Veterinary Services.—The Chief Veterinary Officer (Mr. George McKee) is responsible for all the veterinary work under the Milk and Dairies Acts and Orders. He has one whole-time Assistant, but the amount of work makes it necessary for him to utilise the services of veterinary surgeons in private practice to assist in the examination of Accredited and Tuberculin-Tested herds. Under existing arrangements it has been necessary for the Chief Veterinary Officer to limit his activities to the statutory duties imposed by these Acts and Orders, and not to undertake work which is purely discretionary, however desirable it may be to carry out such work.

Veterinary Inspection of “Accredited” Herds.—All the “Accredited” herds in the County are submitted to a clinical examination once a quarter. Below are given particulars of the work carried out during the year, which have been supplied by the Chief Veterinary Officer:—

Number of farms visited	..	..	..	..	..	..	..	1,715	
Number of cows examined	..	..	..	..	..	..	..	65,262	
Number of cows found to be suffering from:—									
Tuberculosis of the Udder	..	..	..	..	..	..	..	59	} 171
Tuberculosis with Chronic Cough	..	..	..	..	..	..	..	90	
Tubercular emaciation	..	..	..	..	..	..	..	22	

In addition, 1,279 cows were found to be suffering from other pathological conditions such as mastitis, retained placenta, etc. These were either removed from the herd or temporarily isolated pending their recovery.

Post-mortem results showed that of the 171 animals taken up under the Tuberculosis Order, 94 were suffering from Advanced Tuberculosis and 77 from Not Advanced Tuberculosis.

Five hundred and ninety-seven samples of milk taken from "Accredited" herds were submitted for biological examination for the presence of tubercle bacilli with the following result—Positive 81, Negative 516.

All "Accredited" herds supplying milk to schools were examined once during the first half of the year and once during the second half. Samples of milk from these herds were sent for biological examination, the result in all cases being negative.

The following are the particulars of microscopical examinations for tubercle bacilli carried out in the laboratory of the Chief Veterinary Officer:—

Milk.		Sputa.	
Positive.	Negative.	Positive.	Negative.
64	399	41	33

Milk and Dairies (Consolidation) Act, 1915.—Action is only taken under Section 4 of this Act when the presence of tubercle bacilli in milk produced in this County is reported by another Authority. Occasionally, however, investigations are conducted where the supply has otherwise come under suspicion.

The Chief Veterinary Officer has given the following details of the work carried out during the year as a result of reports submitted by outside Authorities:—

" Total number	of farms affected	40
	of cows examined	1589
" Samples taken:—74 (individual 4, bulk 70)		
" Biological results	Positive ..	12 (individual 2, bulk 10)
	Negative ..	62 (individual 2, bulk 60)

" Thirty-five cows were taken up under the Tuberculosis Order as follows:—Tuberculosis of the Udder 29, Tuberculosis with Chronic Cough 6. Post-mortem results showed that 20 of these animals were suffering from Advanced Tuberculosis and 15 from Not Advanced Tuberculosis.

"A complaint was received from the Medical Officer of Health, Burton-on-Trent, regarding Tuberculosis found in pigs sent for slaughter to Burton-on-Trent from this County. The dairy herd associated with the complaint was examined and one cow was found to be suffering from Tuberculosis with Chronic Cough. Biological sampling from the rest of the herd gave negative results. In this case the affected pigs were fed on whey produced at a local factory, and there is no doubt that the pigs contracted the infection from this whey. Some 100 farms supply milk to this factory, and owing to the expense which would be incurred, the Chief Veterinary Officer did not feel justified in carrying on the investigation."

Tuberculosis Order, 1925.—This Order requires every person knowing of the existence of a bovine animal showing definite clinical signs of tuberculosis to report the matter to the Police in order to have it dealt with. The following table supplied by the Chief Veterinary Officer shows the result of the post-mortem examination of cows seized under the Order:—

Results of Post-Mortem Examinations in 1936.

Description of Animals.	A. Tuberculosis of the Udder.	B. Giving tuberculous milk and showing Lesions of Tuberculosis.	C. Tuberculous Emaciation.	D. Chronic Cough and showing definite symptoms of Tuberculosis.	E. Not affected.	Total.
Cows in milk	180	6	124	428	1	739
Other cows or heifers ..	48	0	110	217	0	375
Other bovine animals ..	0	0	5	8	0	13
Totals 1936	228	6	239	653	1	1127
Totals 1935	161	35	358	542	6	1102

Milk and Dairies Order, 1926.—No arrangements have yet been made by the County Council under Article 8 of this Order, which states: "Every County Council and County Borough Council shall cause to be made such inspections of cattle as may be necessary and proper for the purposes of the Act and of this Order."

During the year there were 22 notifications that milk from this County was being produced under unclean conditions. The producers were communicated with and the District Medical Officer of Health and Agricultural (Education) Department were informed with a view to suitable action being taken to bring about an improvement in the conditions and methods in order to secure the production of milk of a higher standard of cleanliness.

The following comments, which appear in the Annual Reports of District Medical Officers of Health, relate to the work of District Councils under the Milk and Dairies Order, 1926 :—

Dawley Urban.—"There are 39 cowkeepers and milk sellers on the Register, and fifty-six notices were served and all of them complied with. Mr. Price states that during the year a number of improvements have been effected at some of the older sheds and that there is a great advance in the ideas of various cow-keepers on the question of clean milk."

Ludlow Urban.—"It is very desirable that more of the producers should apply for an Accredited Milk License in order to raise the general standard of cleanliness in the sheds and surroundings. Unfortunately Milk Production is only a side line to some other business in many cases."

Ludlow Rural.—"There are 220 milk-sellers and cow-keepers on the Register and 350 inspections were made and twenty notices served in respect of lack of ventilation or lighting, structure of floors, cleanliness and removal of manure."

Wellington Rural.—"Owing to the amalgamation of the two districts a new Register of Cow-keepers and Milk-sellers is being prepared. A total of 62 applications for Accredited Milk licences have been granted by the County Council. A considerable amount of work was carried out by Mr. Roberts in advising and assisting the owners to qualify for the licence."

Milk (Special Designations) Order, 1936.—This Order, which revokes and takes the place of the Milk (Special Designations) Orders of 1923 and 1934, came into operation on 1st June, 1936. From the administrative point of view, the most radical change effected by this new Order is the placing of the responsibility for issuing licences in respect of Tuberculin-Tested milk on County Councils and County Borough Councils, a duty which was previously carried out by the Ministry of Health.

The following are the grades of milk designated in the Order :—

- (a) "*Tuberculin-Tested Milk*"—Milk which has been obtained from cows which have passed a tuberculin test and a veterinary examination. There are two special points to note with regard to Tuberculin-Tested milk, viz. : (1) If it is bottled on the farm where it is produced it *may* be described as "*Tuberculin-Tested Milk (Certified)*" ; (2) If it is pasteurised, it *must* be described as "*Tuberculin-Tested Milk (Pasteurised)*".
- (b) "*Accredited Milk*"—Milk which has been obtained from cows which have passed a veterinary examination only.
- (c) "*Pasteurised Milk*"—Milk which has been heated to a temperature between 145° and 150° F., retained at that temperature for thirty minutes, and immediately cooled to a temperature of not more than 55°F.

The bacterial count test for "*Tuberculin-Tested*" and "*Accredited Milk*" has been replaced by the methylene blue reduction test, although the bacillus coli test has been retained and bacillus coli must not be present in one-tenth of a millilitre. In "*Pasteurised Milk*" there must not be more than 100,000 bacteria per millilitre, and in "*Tuberculin-Tested Milk (Pasteurised)*" not more than 30,000 bacteria per millilitre.

The new Order also requires that the arrangements and processes for the production, storage, treatment and distribution of the milk must be such as to satisfy the Licensing Authority that the conditions of this Order and the requirements of all Orders relating to Milk and Dairies are being and will be complied with.

Circular 1533.—This Circular amplifies and explains the requirements of the new Special Designations Order. It states that the Licensing Authority should, in dealing with applications for producers' licences, arrange for an inspection of the farm premises, "although it is not possible to lay down a rigid and detailed code of requirements," and that there should be steam sterilisation of the utensils and containers used for milk production.

Annual Statistics as to Graded Producers.—The position at the end of the year under this Order, as compared with that for previous years, was as follows :—

Licensed to Produce				1930	1931	1932	1933	1934	1935	1936
"Tuberculin Tested" Milk	..	..	..	5	8	9	11	15	20	30
"Accredited" Milk	..	..	..	9	11	12	17	14	390	522

Fourteen licences to bottle "Tuberculin-Tested" milk and 22 licences to bottle "Accredited" milk have been granted.

Suspension and Revocation of Licences.—During the year the licences of 8 "Accredited" producers were cancelled on account of the unhygienic condition of their premises combined with the fact that the milk did not comply with the standard of cleanliness specified in the Milk (Special Designations) Order, 1936, and three consecutive bad samples were obtained in each case.

In addition, the licence of one producer of "Tuberculin Tested" milk was revoked by the Ministry of Health owing to the fact that tubercle bacilli had been found in the milk, that premises were unhygienic and that a large percentage of re-actors were found in the herd.

Routine Sampling of Milk.—Samples of milk produced at every "Accredited" farm are taken at least once a quarter and more frequently if the reports indicate that this is desirable from a cleanliness point of view. Of the samples taken, 1,505 proved to be satisfactory and 281 unsatisfactory.

Ten samples of "Tuberculin Tested" milk were taken and, on examination, proved to be satisfactory.

In addition, thirty-one Qualifying samples of milk were taken and examined with the following results :—Satisfactory 21, unsatisfactory 10. The producers from whom unsatisfactory samples were obtained were referred to the Agricultural Department for instruction in the methods of clean milk production.

Milk in Schools Scheme.—At the end of the year 145 schools—approximately one-half of the number in Shropshire—were receiving a regular supply of milk in bottles containing a third of a pint at a cost of $\frac{1}{2}$ d. With the growth in the number of graded milk producers, it is to be hoped that every school in the County will soon be within reasonable distance of a suitable supply on which it will be able to draw. In the School Report for 1936 attention was, however, drawn to the tendency of producers to discontinue to cater for schools which so far have been able to obtain a supply, on the grounds that the payment received is not considered commensurate with the cost and trouble of distribution, especially in rural areas.

MENTAL HEALTH.

Mental Treatment Act, 1930.—There are in the County three Authorities under this Act, namely, the County Council, the Borough of Shrewsbury, and the Borough of Wenlock. The position at present is that the County Council has made arrangements for the admission of *temporary* and *voluntary* patients to the Salop Mental Hospital; and under the auspices of the three Authorities a clinic is to be opened in Shrewsbury at which out-patients can attend for examination and advice.

Mental Deficiency Acts, 1913 to 1927.—Mental deficiency is defined as a “condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.” The Mental Deficiency Acts provide powers and impose duties with regard to those defectives who come within one of the following categories and are thus said to be “subject to be dealt with” :—

- (a) Found neglected, abandoned, without visible means of support, or cruelly treated ;
- (b) Found guilty of a criminal offence or undergoing imprisonment ;
- (c) A habitual drunkard within the meaning of the Inebriates Act ;
- (d) Notified by the Local Education Authority as (a) uneducable ; (b) leaving a special school ;
- (e) Receiving Poor Law Relief whilst pregnant of an illegitimate child ;
- (f) Representation by parent that home care and supervision are inadequate for personal needs.
- (g) In a Mental Hospital but suitable for removal.

Administration of the Acts entails :—

(a) *Ascertainment*, upon the completeness of which the success of any scheme must depend, since it is the basis of all other action. Through the medical inspection machinery of the School Medical Service nearly all the cases are brought under notice at an early age—a consideration of the first importance.

(b) *Statutory Supervision*, instituted for cases in which the necessary care and control are forthcoming at home under the guidance of the Mental Deficiency Visitor.

(c) *Provision of Institutional Accommodation* for defectives who, for one reason or another, in their own interest or for the protection of others, require to be removed from home. By the device of *licence*, which is leave of absence capable of extension indefinitely, it is possible to test under reasonable safeguards the ability of deserving cases to play a harmless and, it is hoped, a more or less useful part in the ordinary life of the community.

(d) *Provision of Guardianship Care* for defectives in whose home there are shortcomings in the matter of attention and oversight, but whose mental state or general behaviour hardly justifies complete removal from ordinary life to the routine of the communal, self-contained institution. After a period of training in an institution, some types of cases have become stabilised sufficiently to do quite well in the hands of an understanding guardian.

Annual Statistics.—The following are the particulars relating to all defectives (classified according to degree of defect) who had been ascertained up to 31st December, 1936 :—

Degree of Defect.	Grand Totals.	Under 7.		7—16.		16—30		Over 30.		Totals.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Moral Defective	4	..	..	..	..	1	1	1	1	2	2
Feeble-minded	1068	2	4	23	26	350	269	150	244	525	543
Imbeciles	244	4	1	53	36	64	41	22	23	143	101
Idiots	44	..	1	5	9	15	7	3	4	23	21
Totals	1360	6	6	81	71	430	318	176	272	693	667
		12		152		748		448		1360	

The above mental defectives, classified according to provision made, are being dealt with as follows :—

	M.	F.	Total.
In Institutions for Mental Defectives	89	98	187
On licence from Institutions for Mental Defectives	5	8	13
In State Institutions or licensed therefrom	3	8	11
Under guardianship	7	15	22
Under statutory supervision	125	105	230
Under friendly (annual) supervision	350	315	665
In Public Assistance Institutions	55	67	122
In Salop Mental Hospital	59	51	110
	693	667	1360

All cases which had been dealt with “ by Order ” up to 31st December, 1936, may be classified according to the reasons for taking action as follows :—

Representation by parent of inadequacy of home care and training	58
Found neglected	47
In Special Schools but requiring care beyond the age of 16	37
Found without visible means of support	36
Undergoing imprisonment or found guilty of a criminal offence	18
Over the age of 7 and notified by the L.E.A. as uneducable	17
In a Public Assistance Institution at the time of giving birth to an illegitimate child	14
In a Mental Hospital but suitable for transfer	4
	231
Placed in Certified Institutions by parents	2
	233

The following are brief particulars of the work done during the year 1936 :—

<i>Ascertainment :</i>	Placed under Statutory supervision	35
	Placed under friendly supervision	51
<i>Institutional Provision :</i>	Admitted to Institutions for first time	27
	Transferred from one Institution to another	8
	Transferred from State Institution to Colony for Defectives	1
	Transferred from Guardianship to Institution	1
	Died in Institutions	3
<i>Guardianship Provision :</i>	Placed under Guardianship for first time	3
	Transferred from one Guardian to another	2
	Transferred from Institutions to Guardianship	3
<i>Statutory Supervision :</i>	Visits by Health Visitors	568

Of the cases under guardianship, nine passed through Certified Institutions, five came from various other Homes and Institutions, and eight came straight from their own homes.

Forty-one of the cases under statutory supervision were in employment outside their homes.

Institutional Provision.—While it has not been possible to provide, in the manner laid down by the Mental Deficiency Acts, institutional accommodation for all Mental defectives known to be in need of such care and control, it can be said that, of mental defectives not dealt with under the Acts and known to be in need of such special provision, only 3 were in June of this year outside institutions of one kind or another.

Institutions accommodating Salop Patients.

Name of Institution.	Address.	Total		No. of Patients.						Moral Defective.		Provision made.
				F.M.		Imb.		Idiot		M	F	
		M	F	M	F	M	F	M	F				M	F
Ashton House	Birkenhead .. ..	..	1	..	1	..	..	..	..	..	..	a, b, j, r, s.
Brentry Colony	Nr. Bristol	2	..	2	..	..	..	..	..	..	..	a, c, d, g, i, j, n, p, k, n, s.
Caersws Poor Law	Montgomeryshire	16	10	..	2	14	6	2	2	..	..	c, j, s.
Church Stretton Poor Law	Salop .. ..	..	5	..	4	..	..	..	..	..	1	a, b, c, e, j, n, s.
Coed-du-Hall	Flintshire .. ..	..	1	..	1	..	..	..	..	..	..	a, c, p, s.
Forden Poor Law	Montgomeryshire	11	19	6	13	4	4	1	2	..	..	a, c, d, e, j, m, s.
Girls' Village Home	Essex .. ..	..	1	..	1	..	..	..	..	..	..	b, j, p, s.
Horham Colony	Nr. Bristol	3	..	3	..	..	..	..	..	..	..	a, b, c, d, e, g, i, j, k, l, o, p, s.
Howbeck House	West Hartlepool	..	2	..	2	..	..	..	..	..	..	b, j, l, s.
Madeley Poor Law	Salop	11	17	8	16	3	1	..	..	..	..	a, b, c, d, e, i, j, l, n, s.
Mount Tabor	Hampshire .. ..	..	9	..	5	..	4	..	..	..	..	b, c, d, k, m, r, s.
Moss Side	Nr. Liverpool ..	3	3	2	3	..	..	..	..	1	..	(State Institution).
Midland Counties	Nr. Birmingham	15	..	8	..	7	..	..	..	..	..	c, g, k, j, n, s.
Princess Christian's Farm Colony	Kent	1	1	..	..	1	..	..	..	..	1	i, j, s.
Rampton	Notts .. ..	..	5	..	3	..	2	..	..	..	..	(State Institution).
St. Catherine's Home	Durham .. ..	..	1	..	1	..	..	..	..	..	..	a, b, c, j, k, m, n, o, r, s.
St. Mary's Home	Hants. .. ..	..	3	..	3	..	..	..	..	..	..	a, b, c, j, k, n, o, r, s.
Sandlebridge (Mary Dendy Home)	Cheshire	23	16	21	16	2	..	..	..	..	..	b, c, f, g, j, l, p, q, s.
Seafeld House	Nr. Liverpool ..	..	3	..	2	..	1	..	..	..	..	c, j, k, l, o, p, r, s, t, u.
Stoke Park Colony	Nr. Bristol	7	9	3	7	4	2	..	..	..	..	b, c, j, k, o, p, q, s.
Worcester Municipal Home	Worcester	5	..	4	..	..	..	..	..	1	..	a, b, c, d, e, f, g, j, k, l, m, n.
Whittington Hall	Chesterfield ..	..	8	..	6	..	2	..	..	..	..	c, d, j, k, o, p, q, s.
Total No. of Patients in Institutions or on licence		97	114	57	86	35	22	3	4	2	2	

Provision made.

a=Laundry Work ; b=House or Domestic Work ; c=Handicrafts (raffia, brush-making, chair-caning, mat-making, rug-making, sewing, crotchet work, needlework, embroidery, carpentry) ; d=Garden Work ; e=Ward Work ; f=Cooking or Kitchen Work ; g=Shoe Repairing ; h=Tailoring ; i=Farm Work ; j=Walks and Games ; k=Physical Exercises ; l=Cinema Shows ; m=Fortnight's Holiday annually ; n=Wireless and Gramophone Entertainments ; o=Dances, etc. ; p=Guide or Scout Troop ; q=Band ; r=Pocket money given ; s=Regular Religious Instruction ; t=Poultry-keeping ; u=Painting.

It will be seen from the table above that there are two institutions in the County which have accommodation for a limited number of beds. Of Madeley Institution, **Dr. B. A. Astley Weston**, Deputy County Medical Officer, reports :—

“Concrete evidence that even low-grade defectives can do useful work is to be found at Madeley Institution. During last year, the Instructors in handicrafts have been teaching such occupations as rug-making and sewing to the female defectives, and simple carpentry to the males. As a result, there is now a large collection of wool-rugs and sewing, the work being of such a standard that the articles have a good market value. The male defectives have made all the Coronation decorations for the Institution, constructed concrete ornaments, and performed simple repairs to garden frames. The cost has been small, for the materials were almost entirely drawn from waste from the stores. The fact that this work has been done by low-grade defectives demonstrates what can be done and indicates the possibilities for defectives of a higher grade.”

Despite the fact that neither Madeley nor Church Stretton Institution has been specially constructed for mental deficiency purposes, the mental defectives there appear to be very well looked after, and additional interest is brought into their lives by periodical attendance at picture houses, by an Annual Outing, and by treats of one kind or another.

School Cases.—The following are particulars of Mentally Defective Children (Educable) under the Education Committee on 31st December, 1936 :—

	M.	F.	Total.
In Special Schools	9	14	23
Awaiting admission to a Special School ..	2	1	3
Under supervision of School Nurses ..	98	63	161
	<hr/> 109	<hr/> 78	<hr/> 187

There are in addition 98 school children, 62 boys and 36 girls, whose mental condition has been called in question, of whom it has been estimated that 50 per cent. will prove to be feeble-minded. It has thus been calculated that there is a total of 236 feeble-minded children under the Local Education Authority.

VENEREAL DISEASE.

Arrangements for Treatment and Diagnosis.—The Venereal Diseases Scheme consists of—

- (1) Provision of Treatment at—
 - (a) The County Council Clinic, Shrewsbury.
 - (b) The Royal Hospital, Wolverhampton.
 - (c) Arrangements with the surrounding Hospitals.
 - (d) Arrangements whereby girls can be sent for treatment and training to a Home at Wolverhampton provided by the Lichfield Diocesan Society. The Home also provides treatment for pregnant women suffering from venereal disease.
- (2) Arrangements for supplying Salvarsan Substitutes to Medical Practitioners.
- (3) Provision for facilities for diagnosis in connection with the Birmingham and Bristol Universities and at the County Clinic.

During the past few years there has been a decrease in the number of cases of venereal disease which have attended for treatment under the County Council Scheme. If one could be sure that this indicated a reduction in the prevalence of these diseases this would be a very satisfactory state of affairs, but as venereal disease in its various forms is not notifiable it might be unwise to assume that this is so merely on the figures available. The most that can be done in the circumstances is to take the necessary steps to ensure that the public are kept fully alive to the facilities offered for treatment, that they know that such treatment is free, that they understand that secrecy is guaranteed, and that delay in securing treatment or failure to carry it out till the condition has been cured must result in permanent damage to the health of the sufferers, besides the possibility of the transmission of the disease to perfectly innocent persons associated with them. The present indications would appear to be for an intensification of anti-venereal disease propaganda work upon which the County Council at present spends £50 per annum.

Shropshire Cases of Venereal Disease Treated in 1936.

Cases suffering from	At Shrewsbury Clinic.										At Wolverhampton.†			
	Cases.					Attendances.					* Cases.		Attendances.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
	1936	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936	1935
Syphilis	52	52	81	76	133	128	365	406	889	882	1254	1288	1	3
Soft Chancre	2	2	..	..	2	2	2	4	..	..	2	4	0	0
Gonorrhoea	113	118	43	33	156	151	734	1021	486	101	1220	1122	8	10
Other conditions	18	36	23	36	41	72	57	43	72	97	129	140	7	6
Totals	185	208	147	145	332	353	1158	1474	1447	1080	2605	2554	16	19
Increase (+) decrease (—) ..	—	23	+	2	—	21	—	316	+	367	+	51	—	3

* These numbers only refer to cases attending for the first time in the year concerned.

† Royal Hospital, Wolverhampton.

Cleveland House, Wolverhampton.—This Hostel is available for girls and women suffering from venereal disease who cannot receive proper treatment in their own homes. During the year 6 cases of gonorrhoea were admitted from this County.

One eight-year-old girl suffering from syphilis, who (by reason of difficult home circumstances) could not attend the Clinic in Shrewsbury for treatment was sent to the Children's Home, Croydon.

Examination of Pathological Specimens.

Nature of Test.	Shrewsbury.	Birmingham.	Bristol.	Wolverhampton.
For detection of gonococci	180	41	15	204
For detection of spirochetes .. ..	..	1	..	2
For Wassermann reactions .. ..	..	164	222	47
For gonococcal infection .. ..	..	2	1	22

The following is the Report of **Colonel Grech**, Venereal Diseases Medical Officer :—

“ There have been slight changes in the incidence of Venereal Diseases during 1936.

“ **Gonorrhoea.**—There was a decrease of five in the male and an increase of ten in the female. Vulvovaginitis occurred in three children, ranging in age from 6 to 12 years. The disease was contracted from the parents, probably through using infected towels.

“ *Complications in the Female.*—The most common has been abscess of Bartholin gland. Infection of the ducts was present in a large percentage of cases and was often responsible for the prolongation of the treatment.

“ *Complications in the Male.*—Epididymitis occurred in about 10 per cent. of all cases, cystitis (moderately severe) occurred in two cases, and there was gonorrhoeal rheumatism in two of the cases.

“ *Treatment.*—Although many reagents have been tried at different times, the old and reliable Potassium and Zinc Permanganate solution has been found the most efficient.

“ In the female, Mandl's paint has also been found very useful as a local application.

“ **Syphilis.**—Syphilis remained stationary at 52 in the male, and showed an increase of 5 at 81 in the female. These figures include cases under treatment at the beginning of the year. The actual numbers of new cases during the year are almost insignificant, viz. : 9 males and 11 women. Of the latter 4 were congenital.

“ Primary and Secondary Syphilis are becoming almost a rarity, in the counties served by this Clinic at any rate. Only one case of Primary and two cases of Secondary Syphilis presented themselves for treatment during the year, and they were all males.

“ Of Syphilis in the later stages there were 10 cases, two of which were Neuro-Syphilis, viz. : one General Paralysis of the Insane and one Tabes Dorsalis.

“ *Congenital Syphilis* still shows a high percentage among female cases, *i.e.*, 4 out of 11 new cases.

“ With the exception of one girl 8 years of age, who was suffering from Tabes with the usual eye conditions, the remainder exhibited no stigmata or symptoms of syphilis, and were only discovered through blood-tests after one or both parents had been proved syphilitic.

“ *Treatment.*—This has been carried out by injection of Neosalvarsan in various forms (intravenously as well as intramuscularly) and Bismuth intramuscularly.

“ *During Pregnancy.*—Five women were treated vigorously throughout their pregnancy with the result that four had healthy normal babies free from syphilis with negative Wassermann reaction, and the fifth developed uraemia and gave birth to a premature baby in the 7th month.

“ *Complications due to Arsenic during treatment.*—(a) Jaundice appeared in 5 cases, but all recovered in due course after cessation of treatment.

(b) Transient albuminuria has been moderately common, but a few doses of Thiosulphate of Soda intravenously and rest from arsenic for some weeks proved sufficient to arrest the albuminuria.

(c) Vasomotor reactions only occurred in one case.

(d) Vomiting, fainting, etc., also occurred in a small percentage of cases, and they were usually due to eating a heavy meal a short period before the injection.

“ On the whole both men and women have borne the treatment very well, and attendance has been remarkably good, particularly amongst the women.”

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Under an arrangement with the County Council, Birmingham University undertakes the examination of specimens sent for the purpose of diagnosis of disease.

In addition to the work done in connection with Venereal Disease referred to above, the following examinations were made :—

	Pos.	Neg.	Total.
Tubercle Bacilli (Sputum)	34	315	349
„ „ (Cerebro-spinal fluid)	2	3	5
„ „ (Pus)	—	1	1
Tubercle Bacilli and Meningococcus (Cerebro-spinal fluid)	—	1	1
Haemolytic Streptococci (Throat swab)	1	2	3
„ „ (Aural discharge)	1	—	1
„ „ (Nose and Throat swab)	1	1	2
Diphtheria Bacilli (Nose and Throat swabs)	749	3119	3868
Bacillus Typhosus (Faeces)	1	9	10
Blood for Widal's Reaction	6	48	54
Dysentery Bacilli (Faeces)	2	1	3
Typhoid-Dysentery Group (Faeces)	—	21	21
„ „ (Urine)	—	3	3
Total for 1936	797	3524	4321
Total for 1935	547	3015	3562

It will be observed from the above table that the bulk of this work consists of examination of swabs for the presence of diphtheria bacilli. The figures for such examinations in previous years are given below :—

	Positive.	Negative.	Total.
1930	842	2,240	3,082
1931	1,061	3,277	4,338
1932	567	2,658	3,225
1933	446	2,027	2,473
1934	347	1,953	2,300

As outbreaks of the disease in schools can only be effectively controlled by extensive swabbing, no considerations should be allowed to set a limit to this work.

FOOD AND DRUGS.

By arrangement with the Chief Constable for Shropshire, samples of food and drugs are taken by the County Police under the Food and Drugs Acts, and are sent to the County Analyst for examination. Particulars of the results and of any action taken as a consequence are given below.

I.—Summary of Examination of Samples of Milk.

NUMBER		ADULTERATION.			ACTION TAKEN.	
taken.	below standard.	Per cent. Deficient		Per cent. of added water.	Appeal to cow (per cent. deficiency in fat.).	Legal Proceedings.
		in fat.	in solids not fat.			
252	24	..	3	..	..	..
..	2	..	..	..
..	..	13	..	..	..	Case dismissed on payment of costs 4/- and special costs £3 6s. 2d.
..	..	18.7	..	..	6.3	..
..	..	22.3	..	..	30	..
..	..	8.3	..	..	5.3	..
..	8.7	..	Fined 10/- and special costs £3 7s. 9d.
..	..	5	..	..	..	..
..	..	4.7	..	..	11.3	..
..	..	21	..	..	..	Case dismissed.
..	..	6.7	..	..	11.7	..
..	..	7.0	..	..	..	..
..	2.4	..	..	..
..	11.8	..	Fined £1 and special costs £2 2s. 0d.
..	..	10	..	..	..	} Cautioned (leak found in Refrigerator)
..	..	11.3	..	..	..
..	5	..	Fined £2 and £3 9s. 4d. special costs.
..	..	10.7	..	..	..	Fined £7.
..	7	..	Fined £3.
..	7	..	Fined £1 and cost £3 8s. 0d.
..	..	3.3	..	..	..	Case dismissed.
..	*49	..	Fined £2 10s. 0d. and £3 9s. 4d. special costs.
..	*56	..	Fined £2 10s. 0d.
..	..	3	1	..	16	..

* Taken from same vendor on the same day.

II.—Summary of Examination of Samples of Other Foods.

Description of Samples.			Number taken.	Not genuine.	Particulars of adulteration.	Action taken.
Brawn	..	..	5	1	Consisted entirely of beef.	Fined £1
Butter	..	..	2	..	..	..
Jam	..	..	2	..	..	..
Flour	..	..	7	..	..	..
Lard	..	..	2	..	..	..
Potted Meat	..	..	5	..	..	..
Pepper	..	..	5	..	..	..
Sausages	..	..	5	..	..	..
Vinegar	..	..	5	..	..	..

BLIND PERSONS ACT, 1920.

The Blind may be considered as comprising three classes—those under 5 years of age, those between 5 and 16 years, and those over 16 years of age.

Those under five years of age come automatically under the supervision of the Health Visitors, who visit them regularly under the Maternity and Child Welfare Scheme. *Those between 5 and 16 years of age* come under the care of the Elementary Education Authority, who make provision for them by sending them to a Special School for the Blind. *As regards those over 16 years of age*, the Higher Education Committee arrange for the training of such as are capable of benefiting from special instruction and of learning an occupation which is likely to enable them partly or wholly to support themselves. On completion of training, under an arrangement made by the County Council on behalf of the Public Health Committee, they come under the Home Workers' Scheme of the Birmingham Royal Institution for the Blind, which arranges for their supervision by home teachers, supplies them with materials at cost price, assists them with their work, helps them to dispose of the articles for which they are unable to find a sale and, in addition, supplements their wages according to their earnings.

Unemployable blind persons, and also those whose needs are not adequately provided for by the methods outlined above, either come under the County Council Scheme for the Domiciliary Relief of the Blind or receive assistance from the Shropshire Association for the Blind.

Birmingham Royal Institution for the Blind.—The Annual Report on the Home Workers supervised by the Birmingham Royal Institution for the Blind under the County Scheme shows that during the twelve months ended 31st March, 1937, 170 visits were paid altogether to the twenty-five persons concerned, whose income consisted of earnings averaging 12/4 weekly supplemented by an average weekly augmentation of 12/6. The women are all graded in occupations as machine knitters, whilst of the men ten are basketmakers, 3 piano tuners, 5 boot repairers, and one is a brush-maker.

Shropshire Association for the Blind.—This Association (which received a grant of £778 from the County Council), in addition to making payment to certain of the unemployable blind who are *over 50 years of age*, exercises a general supervision over the welfare of all blind persons. A Home Teacher has been appointed by the Association, whose duty it is to visit all the blind persons in the County and have regard to their welfare, arrange for them to be supplied with books, and report to the Hon. Secretary of the Association, who is responsible for drawing the attention of the County Council to blind persons needing assistance under one or other of the schemes.

The Annual Report of the Association states :—

“ During the year the average number of blind persons in receipt of weekly assistance paid by the Association was 74, at a total cost of £857. In carrying out its scheme of assistance for the unemployable and necessitous blind, the method of the Association has always been to make a careful analysis of the circumstances and means of each applicant, and then to apply in as generous a manner as possible the appropriate scheme of assistance administered by the Association.

“ Next in importance to the provision of the means of livelihood for the blind is the work of making their lives more interesting, enjoyable and worth while. Our Home Teacher has continued her valuable work, but though she worked to her utmost capacity she was only able to make 2,399 visits during the year, as against an ideal of about 5,000. Her work necessitated over 20,000 miles in her car in the year.”

Domiciliary Relief of the Blind.—All blind persons *under 50 years of age*, and also those over that age in need of greater assistance than a payment of 5/- a week, receive assistance direct from the County Council. The expenditure on this service during the financial year 1936—7 was £1,204, involving 52 persons, compared with £1,113 for the previous year. Those *over 50 years of age* who are unemployable, and whose requirements can be met by a payment of 5/- weekly, receive assistance from the Shropshire Association for the Blind. In this way, overlapping in the matter of administering relief is avoided.

Register of Blind Persons.—A Register of all blind persons is kept in the County Health Offices, on which new cases are entered after a certificate of blindness has been given by a medical practitioner with special experience in ophthalmology, although the certificates of County Council Medical Officers are accepted where a person is obviously blind, and is prevented by infirmity from being examined elsewhere than at home.

The following is a summary of the causes of blindness as given on such certificates :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Congenital Defects	10	11	21
Infectious and Bacterial	6	5	11
Traumatic and Chemical	10	3	13
General Diseases	55	54	109
Primary Cause unknown	37	33	70
	118	106	224

Particulars of Blind Persons on the Register of the Blind on 31st March, 1937.—The following are the particulars of the blind persons in the County, as supplied by the Secretary for the Shropshire Association of the blind :—

I.—REGISTRATION.

Number on Register 31/3/36	341
Ascertained	46
Transferred to Salop	5
	51
Deaths	28
Transferred to other Counties	2
Taken off Register for other reasons	2
	32
	19
	360
Total on Register 31/3/37	

II.—CLASSIFICATION BY AGE.

Age Group.	Males.	Females.	Total.
0—5	0	0	0
5—16	5	9	14
16—21	8	1	9
21—50	46	34	80
50—65	42	22	64
65—70	29	30	59
70 and over	68	66	134
	198	162	360

III.—CLASSIFICATION BY OCCUPATION.

Employed as Home Workers	25
Employed in other occupations	27
In Institutions and Homes	33
In training (adults)	7
In Special Schools	13
Not at School (special reasons)	1
Independants	14
Unemployables	240
	360

Wireless Telegraphy (Blind Persons Facilities) Act, 1926.—Certificates issued to enable blind persons to obtain free wireless licences numbered 236—138 in respect of blind men, and 98 in respect of women.

EDUCATION IN HEALTH.

Although education in matters pertaining to health is of the utmost importance, pressure of other duties is the great limiting factor in health propaganda work. During the year, 50 lectures were given in schools at the close of medical inspections by the Assistant School Medical Officers. In the Child Welfare Centres 336 were given by the Medical Officers and Health Visitors in Attendance. The Inspector of Midwives, who also holds the position of County Health Lecturer, gave 8 lectures—5 at various Women's Institutes, and 3 to other centres. Three lectures were given by the Tuberculosis Medical Officers and 17 lectures were also given under the auspices of the Shropshire Branch of the Midwives' Institute, towards which a grant of £5 was made by the County Council.

Commenting on the Health Week organised by the Oswestry Urban and Rural Councils (towards which the County Council made a grant of £10), the Medical Officer of Health (**Dr. L. Wilson Evans**), states :—

“ The chief activities were in the form of lectures. A series of four lectures on “ Child Psychology ” were given in the Girls' High School. Those attending were chiefly parents and school teachers of the secondary and elementary and some private schools. The total attendances were between 250 and 300. At one lecture there was an audience of over 100.”

AMBULANCES.

Two motor ambulances are owned by the County Council, one stationed at a garage in Shrewsbury and the other at the County Council Hospital. The one which is kept in Shrewsbury is generally available for the removal of patients to or from any house or hospital in Shropshire, and is utilised both for infectious and ordinary cases. It was used on 419 occasions and covered a distance of 13,989 miles. Whenever the ambulance is used for an infectious case, the Sanitary Inspector of the District is responsible for taking the necessary steps for its disinfection afterwards. The ambulance at the Hospital is used chiefly by this Institution, but is available elsewhere if required. In addition, there is at the Hospital a converted ambulance used as a staff van, which can be, and sometimes is, used to serve the purposes of an ambulance.

Other ambulances are owned by the Councils of Bridgnorth Borough, Dawley Urban, Wellington Urban, Market Drayton Urban and Rural, Shifnal Rural and Whitchurch Urban Districts ; Oswestry and Chirk Joint Hospital Committee, Ellesmere Cottage Hospital ; Ludlow and Oswestry Local Voluntary Aid Detachment, Oakengates Ambulance Committee, Lady Forester Trust, Much Wenlock and St. John Ambulance Brigade, Shrewsbury.

Bishop's Castle Borough has an arrangement with a local garage for the hire of a van with stretcher.

HOUSING.

The administration of the various Housing Acts is primarily the responsibility of the District Councils, and the chief responsibility of the County Council is with regard to housing in rural areas. The Act of 1930 makes it a duty of the County Council to keep in touch with housing conditions in Rural Districts and to obtain information regarding housing conditions and housing progress from returns supplied by the Councils of the Districts at least once a year. Furthermore, this Act makes it a duty of the County Council to contribute £1 for forty years in respect of houses built to meet the needs of the agricultural population. Below are given particulars of the houses in respect of which the County Council makes this contribution.

Houses approved under Section 34, Housing Act, 1930.

<i>Rural District.</i>	<i>No. of Houses.</i>	<i>Date approved by County Council.</i>
Clun	36	6/2/1932.
Ellesmere	24	
Newport	20	
Oswestry	34	
Wellington	38	
Wem	20	4/5/1935.
Drayton	8	
Clun	2	
Ellesmere	6	27/7/1935.
		2/5/1936.

The duty of administering the Housing (Rural Workers) Acts has been delegated in this county to the District Councils. In some Rural Districts, notably in Atcham, Clun and Wellington, a great deal has been done under these Acts, and it is unfortunate that in some Districts the powers which they give to make (subject to certain conditions) grants and loans to owners willing to re-condition and renovate old houses have not been fully taken advantage of. Undoubtedly, these Acts provide a means in many areas of making houses which are no longer fit for human habitation into suitable dwellings at an economic cost, and in this way contribute an important part to the solution of the housing problem.

The principal matters with regard to housing are referred to in the extracts, given below, from the Annual Reports of the District Medical Officers of Health :—

Bishop's Castle Urban.—" Eight non-parlour type houses, built by the Council to replace houses condemned under the 1930 *Act*, were completed and occupied during the year. The Council has now built, and owns, 38 houses. This action, having regard to the small size of the Borough, is a very useful contribution to the housing problem."

Dawley Urban District.—" Mr. Price states that a further number of old cottages have been inspected, measured up and the various defects recorded. Preliminary notices have been sent out in all cases and time given to the owners to complete the work. That there are still a large number of families living in overcrowded cottages and that they cannot be dealt with until further cottages have been erected, and whilst I personally should like to see private enterprise dealing with this question, I see no hope of solving the housing problem in this area unless the Council continue their Housing Programme. The Council have completed 244 houses of non-parlour type with two and three bedrooms let from 6/6 to 8/6 a week. There is still a heavy waiting list of over 200, and each scheme has been successful, the houses being well kept and the rents paid."

" Forty-eight more are contracted for, to be built on a site in King Street, and further land has been obtained for one hundred more."

Ludlow Urban.—" The Council are in negotiation for the purchase of land to erect a further sixteen houses to deal with the cases of overcrowding which was revealed by the recent survey. A considerable amount of work was done during the year in improving existing houses, but many more will require to be dealt with before the Housing of the Borough has reached the standard required by the Housing Acts."

Oakengates Urban.—" Several excellent schemes of reconditioning old property were completed during the year. About 150 houses are required to abate the overcrowding, and 80 for Slum Clearance, in addition to those under the scheme already completed, which number over 500."

Oswestry Borough.—" *Housing Act*, 1935.—The total number of houses inspected in the preliminary survey at the beginning of 1936 was 2,167 and 228 of these were afterwards measured. There were 82 houses shown to be overcrowded, of these 22 were Council Houses."

" Of all the houses visited in the Borough 3.7 per cent. were overcrowded and 9.7 per cent. of the Council Houses."

Bye-Laws.—"As the result of the difficulty of letting the larger sized dwelling-houses, which are lacking in modern conveniences, there is a tendency for these as they become vacant, to be converted into houses-let-in-lodgings. The conditions thus created in the matter of overcrowding and lack of proper amenities, have caused the question of the adoption of byelaws for such houses to be brought before the Health Committee, and it is hoped that the Model Byelaws dealing with them will come into force during the year."

Wellington Urban.—" As a result of the Housing Survey carried out by the Inspector, 55 houses are required in addition to 10 de-crowded houses which can be used for housing families at present overcrowded. In addition, further houses are required for slum clearance, which will bring the total number of new houses required to 100."

Wenlock Urban.—“ *Slum Clearance and Re-housing.*—Very good progress has been, and is being, made towards the improvement of housing conditions. In an area in which so much of the cottage property is of old construction, dating mainly from the early days of industrial activity and expansion, much of it is out-worn, and more is lacking in modern requirements of amenity and convenience. The raising of the standard of housing is therefore a matter which will require much care, and some time.”

Atcham Rural.—“ *Housing Act, 1935.*—The Council during the year adopted a provisional programme of re-housing for overcrowded families. This programme comprises the building of 101 houses, and the provision of increased accommodation to 36 houses under the Housing (Rural Workers) Act. Sites have been secured for practically all the houses required, and the building of 27 houses on 8 of these sites is proceeding.”

“ *Housing (Rural Workers) Act, 1926.*—Total number of houses completed since 1926 under the Act or in hand, 191. The Council’s activity under this useful Act is well recognised. The present programme and continued intention is to expedite progress to the fullest extent practicable, and distribution of publicity literature, issued by the Ministry of Health, is being made widely by the Council.”

(A summary is given by the Inspector of the alterations and improvements made in the houses dealt with in 1936).

“ Consideration of the above list of wholesale improvements clearly indicates the great possibilities of a reconditioning campaign when well organised.”

Clun Rural.—“ *Housing Act, 1930.*—The Council during the year entered into a Contract for the erection of six houses at *Stiperstones*, and two at *Snailbeach* (these two having four bedrooms) in April, and made a further Contract in November for the erection of eight houses at *Bucknell*. These were all for re-housing tenants of houses previously condemned as unfit, and none had been completed by the end of the year. A total of 51 houses is now owned by the Council, with a further 16 in course of erection.

“ *Housing (Rural Workers) Act.*—Total number of houses completed since 1926 under the Act, or in hand, 79.”

Drayton Rural.—“ *Overcrowding Survey.*—On completion of survey, it was estimated that 35 houses would be required to abate existing cases of overcrowding.”

Ludlow Rural.—“ Twenty-six applications for grants under the *Housing (Rural Workers) Act* were received and approved during the year, and twenty were re-conditioned and the grant paid.

“ All the working class dwellings in the district were inspected and the rooms measured under the *Housing Act, 1935*, and 113 were found overcrowded. The Council have taken steps to acquire land in a number of parishes to build houses to get rid of the overcrowding.”

Oswestry Rural.—“ It will be seen that 142 out of 3,321 houses were found to be overcrowded, giving a percentage of 4.2 per cent. Of the 231 Council houses 9 were overcrowded : a percentage of 3.4 per cent. which was unusually low.

“ None of the overcrowding in the Council houses has yet been relieved.”

“ *Housing (Rural Workers) Act, 1926.*—Nine houses were reconstructed under this Act during the year, making a total of 95 reconditioned since the passing of the Act. This work has been speeded up to some extent as a result of notices being served under Section 19 of the 1930 Housing Act, the owners as a result of the assistance obtainable under this Act have been able to recondition houses which otherwise could not have been made fit at a reasonable expense.”

Shifnal Rural.—“ Several large families are to be accommodated in houses at present being erected for the purpose.

“ Sixty-two Council houses were completed in 1936 and plans were passed for one hundred and fifteen. This should relieve overcrowding and make it possible to deal with a number in Shifnal that are much below the standard of healthy habitations.”

Wellington Rural.—“ *Housing Act, 1935, Overcrowding.*—Mr. Roberts states that 3,338 houses have been examined under the Act and 234 were overcrowded and 3,304 uncrowded, and that proposals for dealing with the overcrowded families are not completed, but steps are being taken to deal with a number under Slum Clearance Schemes, and others under the *Housing (Rural Workers) Act*, and new houses will be erected for the remainder, if necessary.

“ The total number of houses erected amounts to 556 in the enlarged district, an achievement that I consider the Council are to be heartily congratulated upon, because they are spread over nearly all parishes and the agricultural not neglected as they so often are.”

“ *Housing (Rural Workers) Acts.*—Thirty-two houses have been reconditioned under this Act, and three buildings converted into cottages, and grants amounting to £3,191 19s. 4d. paid. Ten more are in process of being reconditioned for which grants have been promised.”

WATER SUPPLIES.

Under Section 57 of the Local Government Act, 1929, the County Council has adopted a scheme for assisting District Councils in the provision of water supplies. The table on page 61 gives particulars of the schemes of water supplies in respect of which grants have been made or promised, and below are particulars of those which were considered during the year :—

Norton-in-Hales.—This scheme was put forward by the Market Drayton Rural District Council, and its aim was to obtain a supply of water from Nantwich at 1s. 1d. per 1,000 gallons and distribute it through Norton-in-Hales.

The actual capital cost of the scheme is £1,970 (plus the cost of the water consumed). The scheme was considered to be a good one, and the County Council agreed to make an annual contribution of £55 4s. 1d. over a period of 30 years towards the cost of the scheme.

Brockton and Worthen.—In 1935 the County Council decided to make a grant of £41 10s. 2d. annually in respect of a water supply for this area, the springs from which the water was to be obtained being at Mulsop. This source of supply has since proved to be unsatisfactory in that the water failed to pass the bacteriological test, and another source of supply has been secured. The Clun Rural District Council wished the grant made in respect of the Mulsop springs to be applicable to the new scheme, which was estimated to cost £300 more than the original scheme, and this was agreed to. The satisfactory quality of the water from the new source of supply has been established.

Oswestry Rural District.—Application was received from the Oswestry Rural District Council for a contribution towards the cost of the undermentioned water schemes. The County Council considered each case on its merits and decided, as the proposed schemes fulfilled all the requirements of the district concerned, to make the following annual contributions :—

<i>Scheme.</i>	<i>Estimated Cost.</i>	<i>Annual Contribution.</i>
	£	£ s. d.
Nantmawr	1,268	21 5 11
Gronwen	437	7 9 9
Llyncllys Hill and Porthywaen	783	13 16 4
Selattyn	4,534	71 6 7
Pentre	1,469	28 19 7
Ruyton-xi-Towns	4,556	89 9 0

Ightfield.—The Market Drayton Rural District Council initiated a water supply for the parish of Ightfield. The estimated capital cost of the scheme was £4,970, and it was proposed to sink a borehole from which the water would be pumped to an elevated service reservoir with a capacity of 29,000 gallons. The County Council agreed to make an annual contribution of £105 19s. 2d. in this case.

West Atcham.—The Atcham Rural District Council submitted a scheme for a water supply to serve the parishes of Bickton, Condover, Ford, Great Hanwood, Minsterley and Pontesbury. Out of a total population of 7,674, it is anticipated that 7,596 would ultimately have the water available for use. A Ministry of Health Inquiry was held. The estimated cost of the scheme is £75,100, and the County Council agreed to make an annual grant of not exceeding £800.

Cross Houses Village.—Six Council houses are now in course of erection by the Atcham Rural District Council, and applications was received from that Council for a supply of water for the houses to be drawn from the County Council Hospital. Plans of the proposed pipe-line were submitted and it was agreed to provide a water supply at a charge of 1s. 3d. per 1,000 gallons.

WATER SCHEMES.

Grants authorised by the County Council under Sec. 57, Local Government Act, 1929, in respect of Water Schemes.

District Council.	Parish or Parishes.	Scope of Scheme.		Estim- ated Cost of Scheme.	Grant from Ministry of Health.	Estim- ated Annual Charges.	Period of Loan. (years).	Grant recommended by Committee.	Date approved by County Council.
		Houses.	Approximate No. of Inhabitants.						
Drayton Rural	Woore	137	524	£4,080	Nil.	£565	30	£29/10/0 yearly.	3/11/34
Oswestry Rural	Weston Rhyn and St. Martin's ..	*	*	£900	£150	£58½	30	£150 lump sum.	2/2/35
Oswestry Rural	Oswestry Rural and Llanymynech	93	372	£8,500	£1,850	£651	30	£1,850 lump sum	2/11/35
Drayton Rural	Hodnet	118	400	£4,179	£450	£287½	30	£900 lump sum.	4/5/35
Atcham Rural	Pimhill	288	1,152	£13,500	£2,500	£759	30	£222/10/0 yearly.	4/5/35
Clun Rural	Bucknell	72	280	£2,915	£400	£189	25	£35/8/2 yearly.	27/7/35
Clun Rural	Worthen and Brockton ..	88	350	£3,100	£400	£167	30	£41/10/2 yearly.	1/5/37
Newport Rural	Edgmond	200	800	£5,350	£850	£499½	30	£850 lump sum.	2/11/35
Clun Rural	Kempton	31	110	£1,400	£250	£93	30	£300 lump sum.	1/2/36
Atcham Rural	Bicton, Ford, Gt. Hanwood, Pon- tesbury, Condover and Minsterley ..	1876	7596	£75,100	£15,000	£4,985	30	£800 yearly.	2/5/36
Oswestry Rural	Nantmawr	27	108	£1,268	Nil.	£46	30	£21/5/11 yearly.	7/11/36
	Gronwen	10	40	£437	Nil.	£25	30	£7/9/9 ..	do.
	Llynclys Hill and Porthywaen ..	24	96	£783	Nil.	£46	30	£13/16/4 ..	do.
	Selattyn, Weston Rhyn, St. Martin's and Whittington .	†	†	£4,534	Nil.	£37	30	£67/14/7 ..	do.
	Pentre	28	112	£1,469	£75	£96½	30	£28/19/7 ..	do.
	Ruyton-xi-Towns	114	456	£4,556	£175	£298	30	£89/9/0 ..	do.
Drayton Rural	Ightfield	119	468	£4,970	£75	£303	30	£105/19/2 ..	do.
	Norton-in-Hales ..	67	200	£1,970	Nil.	233½	30	£55/4/1 ..	24/7/37

* Covering for Storage Reservoir.

† This scheme is intended to improve and extend the existing supply to the parishes concerned.

From the Annual Reports of District Medical Officers of Health the following quotations have been taken :—

Bishop's Castle Urban.—"The Council is still engaged in researches and plans for improving the supply as regards increasing the quantity and for providing additional storage."

Bridgnorth Borough.—"Proposed Public Supply from a borehole at Rindleford.—The estimated cost of the preliminary work on the borehole is £1,800, and a loan for this amount was approved by the Ministry of Health in October."

Church Stretton Urban District.—"All Stretton.—This village is supplied from an impounding reservoir taking water from an upland stream, the works being the property of a local Water Company.

"I have in past years recommended steps for avoidance of possible sources of pollution, and some improvement was effected four or five years ago by removing the intake above a point where a road crossed the stream in a ford. The stream from some distance above the intake is not free from possibilities of contamination, by road washings and by access of animals.

"The water is strained from debris at the reservoir intake but is not otherwise filtered or treated. The reservoir at ordinary times is kept full and overflowing by the stream and holds, no doubt, several days' supply. In my opinion a periodical bacteriological analysis of this water should be made, for the purpose of observation."

Oakenngates Urban.—"The main should be extended to the three dairy farms at Horton, which are stated to be unable to get licenses for Accredited Milk owing to the absence of a satisfactory water supply."

Wenlock Urban.—"The Surveyor reports :—The work in connection with the construction of an additional reinforced concrete storage reservoir of 200,000 gallons capacity which had been commenced during 1935, has been completed during the early part of the year, and has proved very satisfactory. By this addition there is now a total water storage capacity of 380,000 gallons."

Atcham Rural.—"The condition of the Minsterley brook, and the River Rea in that neighbourhood, has been under the Council's consideration, and investigation by its officers. At the present time the drainage conditions in Minsterley Village are being thoroughly investigated, and as regards the effluent from the Minsterley Creamery, improved disposal methods have been under discussion with the Directors. A conference, at the offices of the Rivers Pollution Research Board in London, was held recently, attended by representatives of the firm and of the Council's officers, to consult with Dr. Parker and to obtain his advice upon the problem. He advised that a thorough preliminary investigation be made by the firm as to the varying conditions and quantities of the waste products, washings, etc., which have to be dealt with. When this necessary investigation has been completed, and a series of results made available, the Board's officers will be prepared to assist with definite suggestions and advice."

Bridgnorth Rural.—"Oreton and Farlow.—The proposed joint supply by Ludlow and Bridgnorth Rural Districts for this area was abandoned."

"Button Oak.—An application for financial aid for this scheme from the Ministry of Health was not granted, as it was considered that the district could reasonably bear the expense. The scheme was in abeyance at the end of the year."

"Stottesdon.—A chemical analysis of the water proposed to be used in this scheme was stated to be satisfactory. The Ministry of Health declined to give financial aid for this scheme also and the scheme was not proceeded with."

"Alveley.—The public supply is good, but the storage capacity is probably insufficient for the future needs of the village."

"The proposed scheme to obtain powers from Parliament to sink two bore-holes, at Stableford and Hilton respectively, in the Bridgnorth Rural District in order to obtain fresh water supplies for Wolverhampton was opposed by the Salop County Council in conjunction with Bridgnorth Rural District Council and other Local Authorities concerned in the County. Sanction was eventually obtained for only one bore-hole."

Clun Rural District.—"Brockton and Worthen Water Supply.—At the end of 1936, the Council, after much negotiation and discussion, were able to submit a Scheme to the Minister of Health for the supply of these two villages. The Public Inquiry was held in January, 1937, and tenders are now being invited."

"The Cabin (Hopesay).—During the latter part of the year, the supply at the new Public pump became intermittent. The borehole was deepened a further 15 feet, and a more adequate spring was reached."

“ *Kempton (Clunbury) Water Supply*.—A Public Inquiry was held in March, 1936, into the Council's proposals to provide a piped supply to the village of Kempton, and after some alterations in the Scheme, it was provisionally sanctioned by the Minister of Health.”

“ *Wentnor Water Scheme*.—A Scheme is being prepared and will shortly be submitted to the Minister of Health. It is being extended to include parts of Norbury and Myndtown parishes, which are short of a pure and wholesome supply at present.”

Drayton Rural.—“ *Ightfield*.—A scheme to supply this area has been submitted to the Ministry, and a Public Inquiry was held in the Parish on 8th December, 1936, when the scheme had the full support of the district. The borehole is situated south-east of Calverhall village. The depth of the bore is 150 ft., lined with 13-inch tubes to 52 ft., and from this depth to 107 ft. with 10-inch tubes. The bore was tested to 50,000 gallons of water per day for 14 consecutive days, and a further test of 500,000 gallons of water in two days. Neither of these tests affected the standing water level. The Reservoir will have a storage of 29,000 gallons.

Norton-in-Hales.—A scheme is in preparation for supplying this village at an estimated cost of £1,750.

Ludlow Rural.—“ Mr. Graham states that the two public supplies at *Craven Arms* and *Cleobury Mortimer* were satisfactorily maintained during the year, but that owing to the dry weather the flow of water into the well at *Craven Arms* was for periods greatly reduced, and it was necessary to stop pumping at times and to pump longer hours. The Council called in Messrs. Brady & Partington, Water Engineers, to advise, and their report proposes the sinking of another well and bore hole near the present one. An analysis of this water was made during the year by the County Analyst, Mr. Harold Lowe, of Chester, and the report was entirely satisfactory.”

“ Progress has been made with the proposed supply to *Clee Hill*. After enquiry, the Ministry have sanctioned Mr. Wyatt's scheme for pumping water from springs near the Cornbrook to Clee Hill Village, and to supply *Coreley* from the Gibbet Spring. These will be great Sanitary improvements and will encourage building in these villages.”

“ No progress was made in piping the overflow from Whatsill Spring to the houses on *Hopton Bank*, which at present receive it in open channels after a good deal of contamination. At *Ludford Parish* the supply is now taken directly off the Birmingham main instead of through the Borough of Ludlow mains. Two new lengths of main were laid—512 yards of 3in. and 700 yards of 2in., and a further contract of 750 yards of 2in. has been accepted.”

Oswestry Rural.—“ The Scheme for taking Lord Harlech's supply at Selattyn for augmenting the *Bathpool and Mardy Reservoir* has now been abandoned, and the Consulting Engineers, Messrs. J. D. and D. M. Watson, have now under consideration a Scheme for taking a supply from several springs at Cefn Coch and Orseddwen and augmenting the Bathpool from these sources. Samples of this water have been taken and have been quite satisfactory.”

“ From the Engineer's report it will be noted that some parts of the district may soon look forward to an adequate water supply. Others are less fortunate, but where a main supply of water is available, that obtained from pumps which may supply several houses, some a considerable distance away, and which tend to go dry in the summer or during rainless spells cannot be considered to comply with modern ideas of a satisfactory water supply ; and where sanitation depends on privies and earth closets the need of a piped water supply is still more urgent.”

Wellington Rural.—“ The extension from the Lilleshall main to supply the village of *Edgmond* is, I am informed by Mr. Roberts, nearing completion ; it has necessitated the laying of approximately 5½ miles of service mains.

“ Negotiations are still in progress with the Borough of Wenlock for the provision of a joint scheme to supply New Works where water has to be carried nearly a mile.”

“ At *Rodington*, owing to the unsatisfactory quality of the water in the wells, it is proposed to sink a bore-well of greater depth in another area.”

Whitchurch Urban.—“ Towards the end of the year bacteriological analyses were made of the various sources of supply which, as described in former reports, are derived from a considerable number of boreholes and shallow wells, of varying depth, sunk over a wide area at, and surrounding, the Council's Waterworks at Fenn's Bank. The result showed the supply from the new bore holes in the Red Brook Valley, yielding some 6,000 gallons per hour, or half the amount required for present consumption, to be of great purity. From some of the other sources the results showed a total count of bacteria above what is desirable in a public supply.

“ Investigation is being continued, and at present I have only to state that while an inspection of the surface area of water collection, and of the methods of collection, does not suggest manurial contamination, the final safeguard of efficient chlorination must be regarded as essential. The dosage of chlorine applied to the mixed water is 1.00 parts per million, and a Paterson “ Chloroscope ” enables the process to be kept under observation for efficiency.

“ The water is softened to some 5 degrees of hardness by the process known as “ *Base interchange*.”

RIVER POLLUTION.

Severn Survey.—Below is the Report of **Dr. B. A. Astley-Weston** (Deputy Medical Officer) on the Survey of the River Severn carried out on behalf of the Ministry of Agriculture and Fisheries. The arrangement is for each County Council or County Borough Council through whose administrative area the River flows to take samples at specified points on a pre-arranged day, and, as nearly as circumstances will allow, at the same time. By this means a “ picture ” of the River Severn from the Rivers Pollution point of view is obtained which is representative of the state of the river on some particular day about mid-summer, when flooding is unlikely to mask such pollution as is taking place.

“ Surveys of the River Severn were carried out on 7th July and 6th October, 1936, and samples of the water were taken on each occasion from the same places, viz. : Port Hill Bridge, Shrewsbury, Atcham Bridge, Buildwas Bridge, Ironbridge (Free Bridge), and Coalport.

“ The July Survey was preceded by a period of heavy rain and the weather at the time was dull though temperatures were high, whereas in October the weather was sunny at the time and comparatively cold and no excessive rainfall preceded the Survey.

“ Examination of the samples shows that, though the amount of oxygen dissolved in the water was uniformly lower in July than in October, there was sufficient present to deal with any pollution and that there is no danger of the river becoming offensive. Although the Shrewsbury Sewage Works effluent is discharged into the river above Atcham Bridge, the samples taken at that point are satisfactory. The lowest amount of oxygen found was at Ironbridge, where much untreated sewage is discharged into the river, but the sample taken at Coalport is very satisfactory, in fact better than at Port Hill. This is probably accounted for by the presence of stony shallows in this part of the river, which cause agitation and aeration of the water and thus allow the solution of oxygen in sufficient quantity to deal with the pollution.

“ In general, the Survey demonstrates that, although pollution takes place at various points, the natural resources of the river are adequate to deal with it.

“ It will probably be necessary in future to extend the Survey to include a longer stretch of river, while at the same time concentrating attention on certain points where pollution is known to occur.”

Minsterley Brook.—During the year, several inspections of this Brook were carried out and on each occasion fungus growth was noticeable on the bed and sides of the stream, this being due to the discharge of crude sewage from the village of Minsterley and also the water from the condensers at the Minsterley Creamery. In addition, considerable amount of suspended matter was visible in the trade waste from the Barytes Works.

At the Minsterley Creamery several minor alterations and improvements have been carried out with the object of preventing future serious pollution of the brook.

Following an investigation made into the various processes at the Barytes Works, the Company were requested to divide one lagoon into three to ensure better settlement of the trade waste so that the supernatant water could be used several times before being ultimately discharged into the brook. This arrangement should practically eliminate the possibility of any suspended matter entering the brook.

The practice of dumping road sweepings on the sides of the brook near the Minsterley Bridge has now ceased as a result of representations made to the County Surveyor, and a communication with regard to the crude sewage from the Village of Minsterley has been addressed to the Atcham Rural District Council asking that serious consideration be given to the question of providing a proper sewage disposal scheme for this village.

Rea Brook.—The trade waste (including milk washings and whey) from the Minsterley Creamery is treated in two settling tanks and afterwards irrigated over land, the effluent being discharged into the brook. On each inspection during the year no cause for complaint has been found, a result probably due to the more hygienic treatment of the trade waste.

Tetchill Brook.—The Department of Scientific and Industrial Research, under the direction of Dr. Jenkins, has installed two experimental units for the treatment of the milk washings at the United Dairies Milk Factory at Ellesmere. This experiment has been in progress for several months and probably accounts for the great improvement in the condition of the Tetchill Brook and the satisfactory result of the samples of water taken in March of this year.

In the Urban and Rural Districts of Ellesmere there still exist various minor sources of pollution. In the Urban area there are a few houses which have, inadvertently, not been connected up to the sewage system. In the Rural district the drainage from Beech House (which includes the Canal Works and five cottages), also two outlets discharging a small amount of sewage from Tetchill Village, have been traced as two additional points at which pollution takes place. The two Councils concerned have been requested to give these matters serious consideration, with a view to eliminating these sources of pollution.

SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

The County Council in May, 1936, adopted the following basis or formula upon which the eligibility of Sewerage Schemes for assistance under Section 57 of the Local Government Act, 1929, and the amount of contributions the Council should make, shall be assessed :—

(1) The County Council shall be satisfied that the Scheme towards which they are asked to contribute is necessary ; that it will benefit a reasonable number of people ; that the Scheme represents the most satisfactory means of providing the service required, and that the Scheme would be carried out without undue hardship to the parish or place benefiting or to the ratepayers of the District.

(2) No application shall be considered unless the District Council is prepared to levy a rate over the whole District in respect of the Scheme.

(3) Any contribution made by the County Council shall be for the period of the loan raised for the works.

(4) The District Council shall avail itself to the fullest extent of such Unemployment or other grants as are obtainable in respect of Schemes.

(5) If the above conditions are complied with, the County Council will undertake after allowing for any grants available, to contribute an amount which shall not exceed one-third of the net cost of the Scheme, if the District Council pay a like or greater amount :

Provided that the General Rate (*i.e.*, exclusive of special rates on particular parishes) which will be levied by the District Council over the whole of its district, as soon as payment in respect of the Scheme has become due, and for as long a period as these payments continue to be made, shall be at least 1s. 6d. in the £ more than the County Rate.

(6) The foregoing conditions shall not prejudice the right of the County Council to deal with any application entirely on its merits.

The following is a summary of the applications received :—

Weston Rhyn.—The Oswestry Rural District Council made application in respect of a proposed sewage scheme for Weston Rhyn. Up to the present no details of the scheme are to hand, only a statement that it is estimated to cost £11,380.

Cleobury Mortimer.—Cleobury Mortimer is without a proper system of sewage disposal, and, as such a scheme is a sanitary necessity, representations were made to the Ludlow Rural District Council. That Council engaged a civil engineer to prepare plans for a sewerage and sewage disposal scheme, and subsequently submitted details concerning two alternative sites for the sewage disposal works, the cost of which would be approximately £6,250. Application was made to the County Council for a grant, but the rate in the Ludlow Rural District is only 6d. above the County precept, which is less than the minimum to qualify for assistance towards the cost of the scheme. Even with the whole cost superadded the rate would not be sufficiently high to qualify for assistance.

Lilleshall.—The Wellington Rural District Council applied for a grant in respect of the Lilleshall sewerage and sewage disposal scheme, which was originally estimated to cost £13,500. A Ministry of Health Inquiry has been held and as a result, the proposals will probably be amended to include the lower part of Donnington, which will increase the cost to approximately £18,000. It is also probable that certain modifications will be made regarding the course of the pipe-line and the site of the pumping station.

Ketley.—The Wellington Rural District Council having made provision for a sewerage and sewage disposal scheme for Ketley and district, Lawley and Lawley Bank, at an estimated cost of £31,975, the County Council agreed to make a contribution of one-quarter (not exceeding £8,000) of the net cost.

From the Annual Reports of the District Medical Officers of Health the following quotations have been taken :—

Church Stretton Urban District.—“ Some pollution of the brook in the Carding Mill Valley, by the overflow from the cess-pit of a Cafe, is noticeable at times when the brook is low, and during the tourist season when the Valley is much frequented by day trippers. To deal adequately with the drainage, an extension of about two-thirds of a mile of the Council's sewers would be required, the greater part of which would lie through an area not eligible for building development. At the same time no site suitable for small efficient disposal works appears to be available near the site of the cess-pit.

“ Some pollution is also apparent of the All Stretton brook by the sewage of a few houses in the Village, including a private Institution, discharging into the brook. The improvement of the sewerage of this village would necessitate a small scheme with disposal works.

Dawley Urban District.—“ The Council are endeavouring to obtain an increased supply from the Borough of Wenlock, who have written stating they will favourably consider the request. When obtained it will enable the Council to proceed with the conversion of the existing pail closets and privies to the water carriage system, and it will be necessary to carry out Messrs. Wilcox & Raikes Scheme for Sewage Disposal work, which the Ministry sanctioned some time ago.”

Ludlow Urban.—“ The Sewage Disposal Works have been efficiently managed and the final effluent, which discharges into the Teme, has been reported uniformly good. The question whether the extension of the Borough calls for an increase in the capacity of the tanks and filter beds should be considered.”

Newport Urban.—“ The Sewage Works were under review during the year, and it was decided to get an engineer to report on these, with a view to their alteration and improvement. There are still thirty privies in the district that should be converted to the water-carriage system, and some enlargement of the sewage work is necessary to meet the recent addition of new houses, the effluent at times is not satisfactory.”

Oakengates Urban.—“ One hundred and sixty yards of 9-inch sewer were laid, and ninety-seven houses connected to the public sewers. No action has yet been taken on Mr. W. Clifford's report on the Sewage Farm ; considering the increasing amount of sewage that is being conveyed to the works, it appears to me a matter of some urgency.”

Oswestry Borough.—“ Complaints have been reported from time to time to the Health Committee of serious flooding due to the overflowing of the sewer between Llwyn Road and Beatrice Street, and during the year work was carried out by the Surveyor's Department with the intention of relieving the overtaking of the sewer in this area. These measures have not solved the problem but have resulted in the lessening of the trouble. Attention to the sewer during times of flooding would appear to be necessary.

“ The Council's Llwyn Farm Housing Estate has been further developed and sewered to provide for the erection, now proceeding, of 31 additional houses, and further land has been acquired and will be developed and built upon during the year 1937.

“ The treatment of the sewage by Filtration and Land Irrigation has not given rise to any complaint during the year, but similar conditions to last year of weather during the winter months have again been the chief cause of farmers not making use of the effluent for irrigating the land beyond the Sewage Farm. It may be necessary for the Council to utilize the remainder of their land, now let for grazing purposes, entirely for Sewage Treatment.

Wenlock Borough.—"The works of Sewerage and Sewage Disposal in the *Madeley Ward* were completed, or practically complete, at the end of the year, and constitute a great sanitary advance. The second scheme to be carried out, for the Hill Top area of Ironbridge, deals adequately with the drainage of the Council's large housing estate there; with that from the new Senior Elementary School, the Poor Law Institution, and the Council's Beech Road Housing Site."

Atcham Rural.—"The principal work in sewerage during the year was in connection with an investigation of the conditions at Bayston Hill, where extensive building development has been in progress for many years. The Council have instructed Messrs. Wilcox, Raikes, & Marshall, to survey the area and prepare a scheme."

Drayton Rural.—"Ternhill Garden City.—This Estate is being developed by private enterprise. A self-contained sewage plant has been constructed, which is adequate for dealing with the development likely to take place in the immediate future. The disposal plant consists of detritus chamber, 2 Sedimentation tanks, 27 feet circular filter with syphon, and humus tank."

"Norton-in-Hales.—Improvements have been carried out to the drainage system for part of village. The provision of Sedimentation tank and the construction of 266 yards of 12-inches sewer should obviate any cause for complaint."

"Ollerton.—The drainage from part of this village has been diverted to avoid nuisance caused by sewage discharging into ditch along Eaton Road. The improvements carried out were the construction of Sedimentation tank and the laying of 168 yards of 6-inch drain. The effluent is satisfactory."

Oswestry Rural.—"Messrs. J. D. and D. M. Watson have in hand the preparation of a new Sewerage Scheme for *Weston Rhyn*, and this will discharge into an Outfall Works at Gledrid, which will also take the Sewage from a proposed new scheme at *Chirk*."

Shifnal Rural.—"One hundred and fifty yards of 6-inch sewer was laid at Beckbury to deal with the sewage of the Village, and ninety-eight houses were connected to the public sewers."

Wem Rural.—"The small systems of sewerage and sewage disposal provided by the Council were maintained satisfactorily throughout the year."

"The system of drainage for the Village of Stanton needs early attention in order to improve the character of the existing arrangements."

"Pollution of the River Roden" was observed at Aston due to discharges from a milk factory. The matter was taken up and the pollution ceased.

"Pollution of a small stream at Weston was found due to sewage discharges from a hotel, principally due to defective filtering arrangements. The matter has been taken up with the owners and proposals have been submitted by them for new filters, which it is anticipated will be adequate."

MISCELLANEOUS MATTERS.

Subjects of importance from the health point of view are briefly touched upon in the following references taken from Annual Reports of District Medical Officers of Health:—

Bridgnorth Borough.—"Smoke Abatement.—As the premises about which there have been many complaints in the past are to be re-built, it is hoped that this matter will shortly be cleared up."

"Swimming Baths and Pools.—Various improvements in the amenities of the Public Baths have been effected in the year. The water supplied to the Baths is from the River Severn supply, which is chlorinated."

Oakengates Urban.—"Swimming Baths and Pools.—There are no public or privately owned swimming baths or pools open to the public in the area, although the need for public baths provided by the Council seems to be very obvious."

Oswestry Borough.—"Smoke Abatement.—There are three works stacks in regular use in the Borough, also several plants connected with various trades which are more or less large consumers of coal. There has been a tendency at times in some cases to relax the efforts to maintain proper control of the plants thus causing black smoke to issue for an unnecessarily long period, and consequently strongly worded letters of warning have been sent by the department. In some cases it has been demonstrated that reasonable care and attention on the part of the stokers is sufficient, but there is little doubt that in other cases mechanical means should be provided to prevent conditions that are objectionable."

“ More assiduous attention on the part of stokers to prevent excessive smoke and also the greater use of smokeless fuel in the domestic hearth would probably make a marked difference in the purity of our atmosphere.”

Whitchurch Urban.—“ *Swimming Baths.*—Extention of the Council’s Public Baths is under consideration, and plans have been prepared by the Surveyor. When the necessary work can be put in hand, provision for chlorination of the water is to be made.”

Atcham Rural.—“ *Smoke Abatement.*—Complaints as to the nuisance by smoke emission from the chimneys of the Minsterley Creamery, and of the adjacent Rea Valley Food Factory, have been frequent. Representations have been made. In the case of the Creamery, a new boiler system is being installed, with mechanical stoking, and it is anticipated that this will be satisfactory.

“As regards the Food Factory, where the smoke nuisance is of less extent, the Inspector hopes that his representations will result in improvement shortly.”

Bridgnorth Rural.—“ *Swimming Baths and Pools.*—A new pool was opened at Swancote. Two owners were advised not to use pools for bathing in their present condition. Samples of water from two pools gave a satisfactory bacteriological analysis.”

Ludlow Rural.—“ There are two *Hopyards* in the district, both kept in a fair condition. I think the new Byelaws in reference to Hop-pickers should be adopted ; they will supply the information to the growers of the standard that the Minister of Health considers necessary and desirable.”

Oswestry Rural.—“ *Notes by Sanitary Inspector.*—Refuse is now removed from the Parishes of Weston Rhyn, St. Martin’s, Selattyn, Whittington, Oswestry Rural and Llanymynech. There is no doubt it is a great boon to the householders in these districts to have their refuse carted away, not only on the grounds of health, but it also improves the appearance of a village and removes one of the chief causes of untidiness. I am sure there are other parts of the district where *scavenging* would be beneficial.”

Wellington Rural.—“ *Scavenging.*—The collection of house refuse in the industrial areas of *Hadley* and *Wellington Rural* parishes was continued during the year. Mr. Roberts informs me that the work was let by contract and several complaints have been received. It is suggested that the service should be extended to *Donnington, Lilleshall* and *Edgmond*, and if this is done it seems the opportunity for the Council to undertake the work themselves under the supervision of their Officers.”

“ **Wem Rural.**—There are two privately owned Swimming Pools open to the public in the district, in each case mechanical filtration is adopted, and sterilization is by chlorine gas. They are frequently inspected during the summer months.”

TABLE I.
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1936.—URBAN DISTRICTS.

Causes of Death.	Shrewsbury M.B. 02		Bishop's Castle M.B. 04		Bridgnorth M.B. 05		Church Stretton U.D. 06		Dawley U.D. 07		Ellesmere U.D. 14		Ludlow M.B. 15		Newport U.D. 16		Oakengates U.D. 17		Oswestry M.B. 24		Wellington U.D. 25		Wem U.D. 26		Wenlock M.B. 27		Whitchurch U.D. 34		Market Drayton U.D. 35		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	257	231	10	3	45	40	19	20	50	50	11	15	32	43	26	22	76	49	68	75	52	55	20	21	100	84	52	36	27	56	845	800
1 Typhoid fever, etc. .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Measles	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	2
3 Scarlet fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
4 Whooping cough .. ..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3
5 Diphtheria .. ..	..	2	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..	1	1	..	1	..	..	..	..	..	..	..	5	1	12
6 Influenza	6	1	..	..	2	2	3	1	2	..	1	..	..	..	2	5	..	1	..	4	1	1	..	2	1	2	2	2	..	31	10	2
7 Encephalitis lethargica .. ..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
8 Cerebro-spinal fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 Respiratory tuberculosis	7	7	..	..	3	1	..	1	..	1	1	1	2	3	1	..	2	..	5	5	2	..	..	..	6	4	..	..	1	..	30	23
10 Other tuberculosis	2	3	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	1	..	..	1	1	..	..	..	2	1	..	..	2	4	12
11 Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
12 General paralysis of insane, etc. .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	2	..
13 Cancer	38	38	3	2	3	4	2	1	4	6	2	2	4	8	3	3	11	10	6	17	9	16	2	4	14	5	4	3	4	4	109	123
14 Diabetes	6	4	..	..	1	..	..	..	2	1	..	..	1	1	1	..	1	..	..	..	..	1	..	1	1	1	..	..	2	14	10	10
15 Cerebral haemorrhage	16	13	3	..	3	4	2	4	3	4	1	1	1	8	2	2	6	6	4	4	6	8	..	2	10	6	4	4	2	4	63	70
16 Heart disease	63	67	2	..	10	4	5	5	11	11	2	2	8	7	9	9	19	11	20	27	10	6	9	7	20	22	10	13	6	10	204	201
17 Aneurysm	3	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	6	1	1
18 Other circulatory	7	8	..	..	2	4	1	2	3	3	1	4	1	2	1	1	3	6	1	4	..	3	1	..	..	6	3	..	2	..	26	43
19 Bronchitis	12	10	..	..	4	..	..	..	5	4	..	..	3	2	..	..	2	2	1	1	1	2	..	..	1	5	3	2	1	3	33	31
20 Pneumonia	17	13	..	..	4	2	3	..	2	4	..	1	..	1	1	..	2	2	8	..	1	1	..	..	5	2	2	2	2	2	47	30
21 Other respiratory	4	2	..	..	1	..	..	..	1	1	..	2	..	..	..	1	..	3	..	2	1	1	..	2	3	..	..	..	1	17	8	8
22 Peptic ulcer	4	1	..	..	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	8	4	4
23 Diarrhoea, &c. (under 2 years)	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	3	2	2
24 Appendicitis	1	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	6	1	1
25 Cirrhosis of liver .. ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	1	7	7
26 Other liver diseases .. ..	..	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..
27 Other digestive	3	1	1	..	..	2	1	..	2	2	..	..	2	..	..	1	1	..	2	1	2	..	..	1	2	..	4	..	2	16	12	12
28 Nephritis	10	10	..	1	2	1	..	..	2	1	..	..	..	1	..	1	1	6	3	2	3	1	2	7	4	7	1	1	2	39	31	31
29 Puerperal sepsis .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
30 Other puerperal .. ..	..	3	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	1	..	10	10
31 Congenital, etc.	9	5	..	..	1	1	..	..	3	3	..	..	2	2																		

TABLE 1.
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1936.—RURAL DISTRICTS.

Causes of Death.	Atcham R.D. 08		Bridgnorth R.D. 09		Clun R.D. 38		Drayton R.D. 39		Ellesmere R.D. 48		Ludlow R.D. 49		Oswestry R.D. 59		Shifnal R.D. 68		Wellington R.D. 78		Wem R.D. 79		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	134	109	81	85	78	67	50	52	43	32	95	75	118	95	62	39	115	93	60	57	836	704
1 Typhoid fever, etc. .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
2 Measles .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	1	1
4 Whooping Cough .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	3	4
5 Diphtheria	1	..	..	2	2	..	1	3	3	..	1	3	1	2	..	..	6	2	1	..	18	14
6 Influenza	1	1	3	1	1	2	1	3	3	..	1	3	..	1	..	..	1	..	..	..	2	1
7 Encephalitis lethargica .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
8 Cerebro-spinal fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	5	4	3	1	29	13
9 Respiratory Tuberculosis	4	1	4	4	3	..	1	..	1	1	2	1	6	1	..	..	3	..	..	1	4	3
10 Other tuberculosis	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1
11 Syphilis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2
12 General paralysis of insane, etc. .. ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13 Cancer	16	14	10	15	8	6	5	8	1	4	10	11	10	16	7	4	6	15	6	6	79	99
14 Diabetes	3	2	..	..	1	..	..	2	1	..	2	2	2	1	1	2	1	3	1	..	12	12
15 Cerebral haemorrhage	12	17	7	6	4	6	1	2	1	3	7	5	7	3	4	6	8	5	5	3	56	56
16 Heart disease	37	31	10	26	24	28	19	13	10	12	15	16	37	36	27	14	23	22	21	30	223	228
17 Aneurysm .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 Other circulatory	4	6	9	10	6	2	2	4	7	..	11	2	7	6	2	..	7	7	1	..	56	37
19 Bronchitis	1	6	2	4	4	..	2	1	1	1	6	3	3	2	..	2	2	4	1	1	22	24
20 Pneumonia	5	2	4	4	2	4	2	3	2	2	4	8	6	2	2	1	6	3	2	..	35	29
21 Other respiratory .. ..	..	1	1	1	2	..	..	..	1	..	2	1	..	..	1	..	..	1	..	1	7	1
22 Peptic ulcer .. ..	..	..	1	..	..	..	..	..	1	..	..	..	3	..	..	..	1	..	..	..	1	1
23 Diarrhoea, &c. (under 2 years) .. ..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	3	..	..	..	7	1
24 Appendicitis	1	1	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..
25 Cirrhosis of liver	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	1	..	..	1	4	3
26 Other liver diseases	2	..	..	..	1	1	..	..	..	..	2	1	3	2	1	2	3	2	1	1	18	16
27 Other digestive	2	1	3	..	1	3	..	2	2	2	6	1	4	4	3	2	4	2	4	3	37	24
28 Nephritis	6	2	4	3	5	2	1	5	..	..	..	1	..	..	..	..	..	1	..	..	..	2
29 Puerperal sepsis .. ..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	3
30 Other puerperal .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	4	..	31	14
31 Congenital, etc.	7	1	2	1	3	2	..	3	2	..	6	7	7	4	3	1	5	4	..	1	30	31
32 Senility	7	8	1	1	3	2	3	3	3	3	1	1	4	..	1	..	1	..	..	1	14	4
33 Suicide	2	..	2	1	..	1	..	..	..	1	5	3	6	..	5	1	6	1	3	2	53	12
34 Other violence	8	1	7	1	3	2	9	..	1	2	9	7	9	10	4	3	18	11	6	4	76	58
35 Other defined causes	13	12	8	3	2	4	4	2	3	2	1	1	..	..	..	..	2	2	..	..	8	6
36 Ill-defined causes .. ..	..	1	3	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Special Causes (included in No. 35 above:)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Small-pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-myelitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-encephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of infants under 1 year:	..	..	..	..	..	..	..	..	..	..	..	2	10	4	3	2	10	4	5	1	48	25
Total	9	3	5	3	3	3	..	3	3	..	..	1	8	4	3	2	9	3	5	1	44	21
Legitimate	8	3	5	3	3	1	..	3	3	..	..	1	8	4	3	2	9	3	5	1	44	21
Illegitimate	1	..	..	..	..	2	..	..	..	..	..	1	2	..	..	1	1	..	..	..	4	4
LIVE BIRTHS:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	155	145	105	94	69	83	67	60	49	58	110	91	127	113	62	51	144	121	79	71	967	887
Legitimate	147	134	102	90	63	77	65	58	46	52	104	83	115	105	59	48	137	115	76	64	914	826
Illegitimate	8	11	3	4	6	6	2	2	3	6	6	8	12	8	3	3	7	6	3	7	53	61
STILL-BIRTHS:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	6	5	5	9	2	2	3	4	5	1	7	10	5	2	1	..	4	8	5	5	43	46
Legitimate	6	4	5	8	2	2	3	3	5	1	6	10	5	2	1	..	4	8	4	4	41	42
Illegitimate .. ..	..	1	..	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	1	2	4
POPULATION	18,670	12,090	10,180	8,120	7,010	13,940	15,900	7,455	16,035	9,800	119,200	..	..	..	..	..	..	..	..	..	..	..
DEATH-RATE PER 1,000	13.0	13.7	14.2	12.6	10.7	12.2	13.4	13.5	13.0	11.9	12.9	..	..	..	..	..	..	..	..	..	..	..
BIRTH-RATE PER 1,000	16.1	16.5	14.9	15.6	15.3	14.4	15.1	15.2	16.5	15.3	15.5	..	..	..	..	..	..	..	..	..	..	..
C.F. .. ..	.84	.90	.83	.83	.87	.87	.90	.84	.88	.86	.86	..	..	..	..	..	..	..	..	..	..	..

NOTE.—C.F.—Comparability factor for adjusting death-rates in order to make them comparable.

CAUSES OF DEATH.		AGGREGATE OF URBAN DISTRICTS.													AGGREGATE OF RURAL DISTRICTS.												
		All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—		
ALL CAUSES	M. F.	845 800	54 40	5 9	9 14	14 17	23 20	26 28	46 36	70 63	155 111	218 204	225 258	836 704	48 25	8 5	7 3	21 13	33 19	45 17	56 50	113 95	203 207	272 245			
1 Typhoid and paratyphoid Fevers	M. F.	1	1			
2 Measles	M. F.	2 2	1 1 1			
3 Scarlet Fever	M. F.	.. 1			
4 Whooping Cough	M. F.	.. 3	.. 1 1 1	1 1			
5 Diphtheria	M. F.	1 12 3	1 8 1	3 4	3 3	.. 1			
6 Influenza	M. F.	31 10	3 ..	.. ..	.. 1	1 ..	1 ..	3 1	3 ..	4 ..	6 2	4 2	6 4	18 14	.. ..	1 ..	.. ..	.. 1	2 ..	3 3	3 2	5 3	2 3
7 Encephalitis lethargica..	M. F.	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	2 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. 1	.. ..			
8 Cerebro-spinal Fever	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
9 Tuberculosis of respiratory system	M. F.	30 23	.. ..	.. ..	.. ..	.. 4	10 10	8 5	6 1	5 3	.. ..	1 ..	.. ..	29 13	.. ..	.. ..	.. ..	.. ..	7 4	3 4	6 1	2 ..	.. 1
10 Other tuberculous diseases	M. F.	4 12	1 2	.. 1	.. 1	.. 3	.. ..	1 ..	1 3	.. 1	.. ..	.. ..	.. ..	4 3	.. ..	2 ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. 1	.. ..			
11 Syphilis	M. F.	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
12 General paralysis of the insane, tabes dorsalis	M. F.	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	.. ..	.. ..	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
13 Cancer, malignant disease	M. F.	109 123	.. ..	.. ..	.. ..	.. ..	.. 4	6 8	10 19	36 33	36 33	33 34	24 25	79 99	.. ..	.. ..	.. ..	1 1	1 2	11 16	16 28	31 31	15 17
14 Diabetes	M. F.	14 10	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. 2	3 ..	5 5	4 3	12 12	.. ..	.. ..	.. ..	.. ..	.. 2	.. ..	.. 1	1 1	6 5	4 3
15 Cerebral haemorrhage, etc.	M. F.	63 70	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 4	18 6	21 29	20 31	56 56	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	4 3	9 7	20 24	22 22
16 Heart disease	M. F.	204 201	.. ..	.. ..	1 ..	3 2	.. 2	6 3	13 8	33 24	76 62	72 99	223 228	.. ..	1 ..	.. ..	.. ..	.. 3	2 3	11 9	25 21	72 84	108 104
17 Aneurysm	M. F.	6 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	3 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
18 Other circulatory diseases	M. F.	26 43	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. 2	1 7	12 11	13 22	56 37	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	6 6	11 13	36 18
19 Bronchitis	M. F.	33 31	1 3	.. 2	1 ..	.. ..	1 ..	.. ..	3 ..	4 1	10 9	12 16	22 24	.. 1	.. 1	.. ..	.. ..	.. ..	.. 1	.. ..	1 2	9 6	12 12
20 Pneumonia (all forms)	M. F.	47 30	5 3	2 2	3 4	1 ..	4 3	1 4	5 3	2 2	8 9	7 2	35 29	6 2	1 1	2 1	.. ..	1 ..	4 5	3 3	4 6	6 6	3 8			
21 Other respiratory diseases	M. F.	17 8	1 1	.. ..	.. 1	2 1	1 1	.. ..	4 3	2 3	7 4	3 1	7 4	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	2 1	1 2	3 1
22 Peptic ulcer	M. F.	8 4	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	4 2	3 3	1 1	7 1	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	2 ..	.. 1	.. ..	1 ..
23 Diarrhoea, etc.	M. F.	4 4	3 1	.. 1	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	1 1	3 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. 1	.. ..	1 ..
24 Appendicitis	M. F.	6 1	.. ..	.. ..	.. 1	2 ..	1 ..	.. ..	1 ..	.. ..	1 1	.. ..	7 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	2 ..	.. 1	.. ..	.. ..		
25 Cirrhosis of liver	M. F.	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1 ..	.. ..			
26 Other diseases of liver, etc.	M. F.	.. 6	.. ..	.. ..	.. ..	.. ..	.. ..	.. 2	.. ..	.. ..	.. ..	.. 3	4 3	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 1	.. ..	.. 1	2 ..
27 Other digestive diseases	M. F.	15 12	1 ..	.. ..	.. ..	2 ..	.. 2	.. ..	2 1	2 ..	1 4	5 3	16 14	.. 1	.. ..	.. ..	1 1	1 1	2 1	1 2	3 3	3 4	4 4
28 Acute and chronic nephritis	M. F.	39 31	.. ..	.. ..	1 ..	.. 1	.. 1	1 1	5 3	12 10	8 7	37 24	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	2 3	2 1	11 2	8 10	.. ..			
29 Puerperal Sepsis	F.	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1 ..	.. ..	.. ..	.. ..	.. ..
30 Other puerperal causes..	F.	10 ..	.. ..	.. ..	.. ..	3 3	.. ..	.. ..	4 ..	.. ..	.. ..	.. ..	3 ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..
31 Congenital debility, premature birth, malformations, etc.	M. F.	30 22	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	31 14	30 13	1 ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
32 Senility	M. F.	38 32	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	4 7	34 31	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 6	28 25
33 Suicide	M. F.	6 4	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	1 1	.. ..	1 1	14 4	.. ..	.. ..	.. ..	.. ..	.. 1	4 ..	1 2	4 1	.. ..	.. ..		
34 Other violence	M. F.	44 23	.. ..	1 1	2 2	3 4	7 2	6 1	4 3	8 1	2 4	5 5	53 12	2 2	.. ..	1 3	.. ..	6 3	11 11	4 ..	6 ..	3 1	5 5	
35 Other defined diseases	M. F.	63 64	8 6	1 1	.. ..	5 1	.. 3	.. 1	3 1	7 11	9 13	15 15	76 58	7 3	1 2	1 1	1 1	7 1	2 5	5 6	11 13	14 13	17 9			
36 Causes ill-defined, or unknown	M. F.	1 4	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	.. 1	8 6	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	3 1	2 1	1 3

SPECIAL CAUSES INCLUDED IN NO. 35 ABOVE.

[illegible]

